

Ameridose, LLC –

**Application for a New Store – 50 Fountain
Street (2006)**

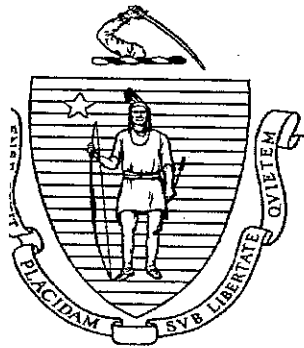
APPROVED

DATE: 5/10/06

SUBJECT TO COMPLIANT INSPECTION
* UNIVER APPROVED BY BOARD

3467

7/13/06



The Commonwealth of Massachusetts
Executive Office of Health and Human Service
Department of Public Health
Division of Health Professions Licensure

Board of Registration in Pharmacy
239 Causeway Street, Suite 200, 2nd Floor
Boston, MA 02114
(800) 414-0168 (office) / 617-973-0983 (fax)
<http://www.mass.gov/reg/boards/ph>

MTT ROMNEY
GOVERNOR

KERRY HEALEY
LIEUTENANT GOVERNOR

TIMOTHY R. MURPHY
SECRETARY

PAUL J. COTE, JR.
COMMISSIONER

Received
BRADY PONTIKAS
DIRECTOR

APR 25 2006

BOARD OF
PHARMACY

APPLICATION FOR A NEW STORE

I hereby apply for a permit to operate a store for the transaction of retail drug business in accordance with the provisions of Chapter 112, General Laws.

\$351.00 licensure / application fee. Make check or money order for \$351.00 payable to the Commonwealth of Massachusetts. **This fee is non-refundable.**

1. Legal Name of Business. **Ameridose, LLC**
2. Full Business Address (Street Address, City, State and Zip). **50 Fountain Street, Framingham, MA 01702**
3. Area Code and Telephone Number. **508-656-2653**
4. All trade or business names ("D.B.A." names) used by same Corporation or by License. **Ameridose, LLC**
5. Type of ownership or operation (i.e., sole proprietorship, partnership, corporation). **Limited Liability Company (LLC)**
If corporation, please submit articles of corporation. **Please see Attachment "A"**
5. Names(s) and Social Security Number(s) of the owner(s) and/or operator(s) of the licensee. *Please indicate type of ownership - Partnerships: the name of each partner and name address of partnership;*

Corporations: the name and title of each corporate officer and director, the corporate names, name and address of parent company, if any, and the State of incorporation; Sole Proprietorship: the name of the sole proprietor and the address of the business entity. Please see Attachment "B"

7. Name of registered pharmacist charged with the management of the pharmacy. **Sophia Pasedis, RPh, PharmD.**
8. Registration number of above manager. **20217**
9. Name(s) and registration number(s) of staff pharmacist(s) employed at pharmacy. **Sophia Pasedis, RPh, PharmD.**
10. Have any of the applicant(s) and/or managers-in-charge had: 1) any convictions related to the distribution of drugs (including samples); 2) any felony convictions; 3) any suspension(s) or revocation(s) or other sanction(s) by federal, state or local governmental agency of any license or registration currently or previously held by the applicant or license for the manufacture, distribution, or dispensing of any drugs, including controlled substances? **NO**

Have any applications for licensure been denied by any federal or state agency including any state board of pharmacy? **NO**

List and explain. Attach additional sheets if necessary. **N/A**

11. The applicant/licensee must notify the Board in writing of any changes in ownership or management within thirty (30) days of such change(s).
12. Social Security Number (Mandatory). **[REDACTED]**
Pursuant to M.G.L. c. 62C, s. 47A, the Division of Registration is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

List any licenses/certifications you hold in the United States or any country or foreign jurisdiction and the state/jurisdiction from which the license/certification was originally issued. Please attach a certificate of standing from each state or jurisdiction in which you are licensed/certified, indicating the status of your license and any relevant disciplinary information. **Massachusetts Registered Pharmacist License #20217, Attachment "C."**

14. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☒
If yes, please state the details (use a separate sheet if necessary). **N/A**
15. Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☒
If yes, please state the details (use a separate sheet if necessary). **N/A**
16. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☒
If yes, please state the details (use a separate sheet if necessary). **N/A**
17. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☒
If yes, please state the details (use a separate sheet if necessary). **N/A**

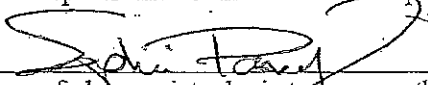
18. Pursuant to Board Regulations at 247CMR § 6.01(3), The Board shall not register nor permit ownership of a pharmacy or pharmacy department by a practitioner with prescriptive privileges. By signing this application the applicant certifies that none of the owners, directors or officers have prescriptive privileges.

Affidavit (must be completed and notarized)

Pursuant to M.G.L. c. 62C, s. 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

The applicant certifies that each person employed in any prescription drug distribution activity has the education, training, and experience, or any combination thereof, sufficient for that person to perform the assigned functions in such a manner as to provide assurance that the drug product quality, safety, and security will at all times be maintained as required by law.


I hereby state that I am the person authorized to sign this application for all licensure; that all statements are true and correct in all respects and are made under the penalties of perjury.



Signature of pharmacist who is to manage the pharmacy or pharmacy department

¹⁴
April 5, 2006

Date


Social Security Number of the Manager of Record

Sworn and subscribed before me this 14th day of April, 2006

My commission expires 12/31/2010. Carrie Lee Stearns
Notary Public

To be completed by the Board: Check \$ 357 Date 5/2/06 Number 6170

Received

APR 25 2006

BOARD OF
PHARMACY

Application for Registration to Manage and Operate a New Community Pharmacy

Ameridose, LLC
50 Fountain Street
Framingham, MA 01702
508-656-2653
fax 508-872-0044

Ameridose...Enhancing Public Health, Welfare and Safety



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Division of Health Professions Licensure

MITT ROMNEY
GOVERNOR

KERRY HEALEY
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JEAN K. PONTIKAS
DIRECTOR

Board of Registration in Pharmacy
239 Causeway Street, Suite 200, 2nd Floor
Boston, MA 02114
(800) 414-0168 (office) / 617-973-0983 (fax)
<http://www.mass.gov/reg/boards/ph>

**APPLICATION FOR REGISTRATION TO MANAGE AND OPERATE
A NEW COMMUNITY PHARMACY**

(1) In order to be registered by the Board to manage and operate a pharmacy or pharmacy department and be issued a permit to do so, the registered pharmacist who shall be responsible for the management and operation of the pharmacy or pharmacy department shall obtain and submit to the Board an application for registration to manage and operate a pharmacy or pharmacy department available from the Board. A completed application shall be:

- (a) fully and properly completed and signed, under the penalties of perjury, by the pharmacist who is to manage and operate the pharmacy or pharmacy department; ✓
- (b) accompanied by a statement of the scheduled hours during which the pharmacy or pharmacy department is to remain open, including the time of opening and closing during regular business hours for each day of the week; **Attachment "D"** ✓
- (c) accompanied by an application, available from the Board, for a Massachusetts controlled substance registration; ✓
- (d) accompanied by an application, available from the Board, for a certificate of fitness, if applicable; ✓
- (e) accompanied by a check or money order made payable, in the proper amount, to the "Commonwealth of Massachusetts Board of Registration in Pharmacy"; and ✓
- (f) accompanied by any additional information as determined by the Board. ✓
- (g) accompanied by an official blueprint or certified architectural plans drawn to scale clearly designating both the prescription and patient consultation areas (pharmacy department shall be outlined in RED). ✓

(2) A completed application to operate a pharmacy shall include:

- (a) a copy of the corporation's Articles of Organization, signed and sealed by the Secretary of State if the corporation is incorporated in the Commonwealth; ✓

(b) a copy of the corporation's Foreign Corporation Certificate, signed and sealed by the Secretary of State pursuant to M.G.L. c. 181, § 4, if the corporation is incorporated in another state; n/a

(c) a statement of the name and address of each officer and director of the corporation and the position held; ✓

(d) the d/b/a name of the corporation; and n/a

(f) if the corporation is not publicly owned, the total amount and type of stock issued to each stockholder and the names and addresses of said stockholder(s). ✓

(3) The Board shall not register nor permit ownership of a pharmacy or pharmacy department by a practitioner with prescriptive privileges. ✓

(4) Before acting upon any application for registration to manage and operate a pharmacy or pharmacy department, the Board may require a hearing and, if requested to do so, the applicant shall personally appear before the Board to answer questions to enable the Board to determine that issuance of a permit would be in the best interests of the public health, welfare and safety as set forth in M.G.L. c. 112, § 39. ✓

(5) The Board may require an inspection of the pharmacy or pharmacy department before final approval of the application is granted. All proposed pharmacies and pharmacy departments shall comply with the following requirements: ✓

(a) No application for registration to manage and operate a pharmacy or pharmacy department shall be approved unless, upon inspection, the following is maintained on the pharmacy premises: ✓

1. a current copy or electronic version of the Massachusetts List of Interchangeable Drugs (MLID), including the Orange Book, Additional List, Exception List, and the latest supplements thereto; ✓

2. a current copy or electronic version (with quarterly updates) of a compendia appropriate to the practice setting approved by the pharmacist manager of record. ✓

3. a current copy or electronic version of Board Regulations 247 CMR 1.00 et seq.; ✓

4. a balance capable of accurately weighing quantities as small as 13 milligrams, which balance shall be tested and sealed by the state or local sealer of weights and measures annually; ✓

5. the equipment necessary to conduct the practice of pharmacy according to the standards set forth by most current edition of the United States Pharmacopoeia; ✓

6. prescription labels which bear the name and address of the proposed pharmacy; ✓

7. appropriate sanitary appliances, including a suitable sink which shall be equipped for hot and cold running water and which shall be situated in or near the area in which prescriptions are to be filled; ✓

8. whenever applicable, at least one bound book for recording sales of controlled substances which may be sold over-the-counter without a prescription; and ✓

9. whenever applicable, at least one book for recording sales of alcoholic beverages and signatures of the purchasers of these beverages. ✓

(b) There shall be within every pharmacy or pharmacy department a prescription area of not less than 300 square feet to accommodate the appropriate pharmaceutical equipment, apparatus, and supplies, and to facilitate the proper preparation and compounding of prescribed medications. This area shall provide for an arrangement and storage of drugs that is calculated to prevent their accidental misuse. ✓

(c) Any pharmacy or pharmacy department which establishes a central intravenous admixture service (CIVAS) shall, in addition to the 300 square feet required by 247 CMR 6.01(6)(b), provide for a separate room referred to as a "clean room" apart from all other areas of the pharmacy or pharmacy department. This clean room shall meet the following requirements: ✓

1. There shall be a minimum working area of 72 square feet; ✓

2. it shall be closed on all sides except for a door and an opening to allow for the passage of materials; ✓

3. it shall have a laminar flow hood with either vertical or horizontal air flow; ✓

4. the laminar flow hood standards of operation of HEPA (High Energy Particulate Air) filters and prefilters must be determined and certification shall be made annually by a Board-approved hood certification service; ✓

5. the Board shall be notified before beginning operation of the clean room to verify hood certification; ✓

6. the area of the clean room shall be under continual positive pressure unless the hood is self-venting; and ✓

7. applications for construction of a pharmacy with a clean room received after September 30, 1996 shall show the clean room located directly adjacent to the prescription area/department. ✓

(d) Patient Consultation Area.

1. A pharmacy must provide a designated consultation area, with signage stating "Patient Consultation Area", designed to provide adequate privacy for confidential visual and auditory patient counseling. The private consultation area must be accessible by a patient from the outside of the prescription dispensing area without having to traverse a stockroom or the prescription dispensing area. ✓

2. 247 CMR 6.01(5)(d) shall be effective for all new or relocating pharmacies on April 1, 2005. All existing pharmacies must comply with 247 CMR 6.01(5)(d) by January 1, 2007. ✓

(6) The Board shall issue a permit indicating the pharmacy or pharmacy department's registration number if the Board finds, in its reasonable discretion, that approving the application would be consistent with the best interest of public health, welfare and safety. ✓

(7) All fees submitted to the Board in connection with an application for registration to operate a pharmacy or pharmacy department, which are reviewed and acted upon by the Board, are nonrefundable. ✓

Please be advised that no pharmacy and pharmacy department shall begin to operate until the application has been approved by the Board and: 1) the pharmacist Manager of Record has received from the Board a permit number to manage and operate the pharmacy and or pharmacy department, and 2) has received a controlled substances registration number.

For complete information regarding relocation regulations, please refer to 247 CMR 6.01 & 6.02. If additional information is necessary, please contact the Board office at (800) 414-0168.

To obtain a DEA number, please contact the Drug Enforcement Administration (DEA) office for an application. The address is: J.F.K. Federal Building

Drug Enforcement Administration

Room E400

15 New Sudbury Court

Boston, MA 02203-0131

(617) 557-2200



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

April 10, 2006

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

AMERIDOSE, LLC

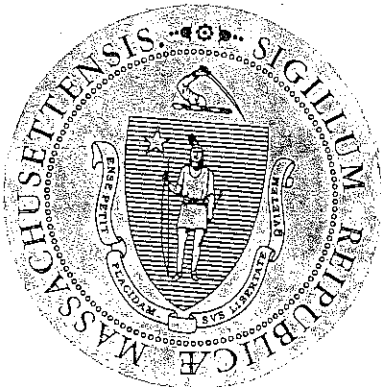
in accordance with the provisions of Massachusetts General Laws Chapter 156C on **February 8, 2006.**

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that, said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are:
GREGORY CONIGLIARO, BARRY J. CADDEN

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **GREGORY CONIGLIARO, BARRY J. CADDEN**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **GREGORY CONIGLIARO, BARRY J. CADDEN**



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

AMERIDOSE, LLC
CERTIFICATE OF ORGANIZATION

FEB 08 2006

SECRETARY OF THE COMMONWEALTH
CORPORATE DIVISION

Pursuant to the provisions of the Massachusetts Limited Liability Company Act (the "Act") the undersigned hereby certifies as follows:

1. **Name of the Limited Liability Company.** The name of the limited liability company formed hereby (the "Company") is Ameridose, LLC.

2. **Office of the Limited Liability Company.** The address of the office of the Company in the Commonwealth required to be maintained by Section 5 of the Act is 50 Fountain Street, Framingham, MA 01702.

3. **Agent for Services of Process.** The name and address of the resident agent for services of process for the Company is Gregory Conigliaro, 50 Fountain Street, Framingham, MA 01702.

4. **Date of Dissolution.** The Company is to have no specific date of dissolution.

5. **Manager.** The Managers are:

Gregory Conigliaro
50 Fountain Street
Framingham, MA 01702

Barry J. Cadden
50 Fountain Street
Framingham, MA 01702

6. **Execution of Documents.** Either Manager is authorized to execute any documents to be filed with the Secretary of State of the Commonwealth of Massachusetts.

7. **Business of the Company.**

- (a) To provide unit dose repackaging services;
- (b) To exercise all other powers necessary to or reasonably connected with the Company's business that may be legally exercised by limited liability companies under the Act; and
- (c) To engage in all activities necessary, customary, convenient, or incident to any of the foregoing.

8. **Execution of Documents Relating to Real Property.** Either Manager is authorized

to execute, acknowledge, deliver and record any recordable instrument on behalf of the Company purporting to affect any interest in real property, whether to be recorded with a registry of deeds or a district office of the Land Court.

IN WITNESS WHEREOF, the undersigned hereby affirms under the penalties of perjury that the facts stated herein are true, this 6 day of February, 2006.


Gregory A. Conigliaro

Check/Voucher # 89

The Commonwealth of Massachusetts
Limited Liability Company
(General Laws, Chapter 156C)

999316

SECRETARY OF THE
COMMONWEALTH
2006 FEB -8 PM 2:42
CORPORATION DIVISION

Filed this 8 day February, 2006

William Francis Galvin

William Francis Galvin
Secretary of the Commonwealth

Name JONATHAN D TAMKIN

Phone 617 964 2501

Ameridose, LLC

50 Fountain Street, Framingham, MA 01702

Tel: 508-656-2653

Fax: 508.872-0044

TYPE OF OWNERSHIP

Limited Liability Company

Organized in the Commonwealth of Massachusetts

COMPANY OPERATORS/MANAGERS

1. Gregory A. Conigliaro, Manager

[REDACTED]

2. Barry J. Cadden, R. Ph., Manager

[REDACTED]

LLC OWNERS

1. Carla R. Conigliaro
Ownership: 55% membership interest

[REDACTED]

2. Barry J. Cadden, R. Ph.
Ownership: 17.5% membership interest

[REDACTED]

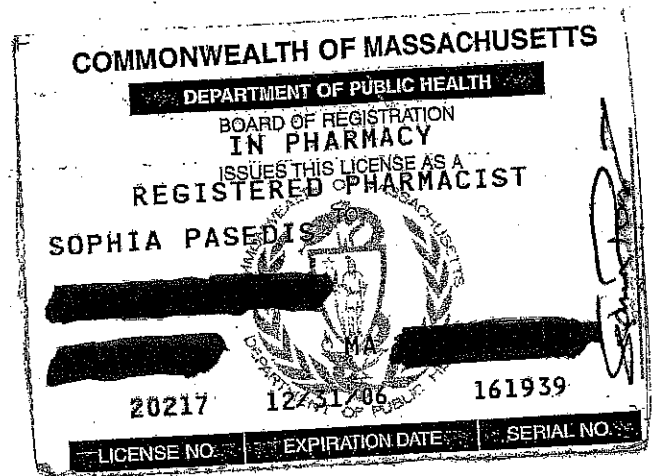
3. Lisa M. Conigliaro Cadden, R. Ph.
Ownership: 17.5% membership interest

[REDACTED]

4. Gregory A. Conigliaro
Ownership: 10% membership interest

[REDACTED]

Attachment "C"



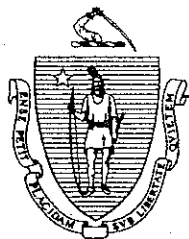
DPH CONTROL # 0259680

IMPORTANT

If this license becomes lost or destroyed, notify your Board at the: Department of Public Health, 239 Causeway St., 5th Floor, Boston, MA 02114

If your name or address change, notify your Board to insure the proper mailing of your next Renewal Application. Always refer to your license number when corresponding with your Board. This license is subject to the provisions of the General Laws as amended. It is a privilege, and cannot be loaned or assigned to any other entity. Keep this license on your person, posted, or as required by law.

Please visit our web site at: <http://mass.gov/dph/boards>



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Division of Health Professions Licensure

Attachment
"D"

MITT ROMNEY
GOVERNOR
KERRY HEALEY
LIEUTENANT GOVERNOR
TIMOTHY R. MURPHY
SECRETARY
PAUL J. COTE, JR.
COMMISSIONER
JEAN K. PONTIKAS
DIRECTOR

Board of Registration in Pharmacy
239 Causeway Street, Suite 200, 2nd Floor
Boston, MA 02114
(800) 414-0168 (office) / 617-973-0983 (fax)
<http://www.mass.gov/reg/boards/ph>

PHARMACY HOURS

Name of Store: Ameridose, LLC

Street: 50 Fountain Street

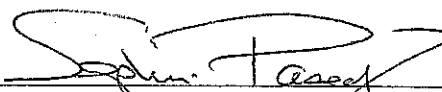
City or Town: Framingham Zip Code: 01702

Phone Number: 508-656-2653

| | Open | Close | Hours |
|-----------|---------|---------|-------|
| Monday | 8:30 am | 5:30 pm | 9 |
| Tuesday | 8:30 am | 5:30 pm | 9 |
| Wednesday | 8:30 am | 5:30 pm | 9 |
| Thursday | 8:30 am | 5:30 pm | 9 |
| Friday | 8:30 am | 5:30 pm | 9 |
| Saturday | Closed | Closed | 0 |
| Sunday | Closed | Closed | 0 |

Total Hours Per Week: 45

April 14, 2006
Date


Signature of Manager of Record or Duly Authorized Representative

Sophia Pasedis, RPh, PharmD.
Print Full Name

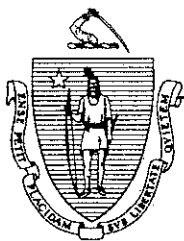
Application for Certificate of Fitness

Received

APR 25 2006

BOARD OF
PHARMACY

Ameridose, LLC
50 Fountain Street
Framingham, MA 01702
508-656-2653
fax 508-872-0044



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Division of Health Professions Licensure

MITT ROMNEY
GOVERNOR

KERRY HEALEY
LIEUTENANT GOVERNOR

TIMOTHY R. MURPHY
SECRETARY

PAUL J. COTE, JR.
COMMISSIONER

JEAN K. PONTIKAS
DIRECTOR

Board of Registration in Pharmacy
239 Causeway Street, Suite 200, 2nd Floor
Boston, MA 02114

(800) 414-0168 (office) / 617-973-0983 (fax)

<http://www.mass.gov/reg/boards/ph>

Received

APR 25 2006

BOARD OF
PHARMACY

APPLICATION FOR A CERTIFICATE OF FITNESS
Manager of Record Must Complete Application. Fee: \$120.00

I, Sophia Pasedis (name), at 508-656-2653 (telephone), of 50 Fountain Street (street address), Framingham (city), MA (state), 01702 (zip code), a registered pharmacist, certificate number 20217 being now actively engaged in conducting a retail drug business as sole owner or Manager of Record for the firm / corporation of Ameridose, LLC do hereby apply for **CERTIFICATE OF FITNESS**, claiming to be a proper person to be entrusted with the authority to:

- 1) Use alcohol for the manufacture of United States Pharmacopeia and National Formulary preparations and all medicinal preparations unfit for beverage purposes,
- 2) Sell, in accordance with the laws of the Commonwealth, alcohol and alcoholic liquors, and that the public good will be promoted by the granting of such license.

I have \$0 (give dollar amount) invested in said retail business and will comply with the laws of this Commonwealth and the regulations of the Board relating to the use and sale of the alcohol and alcoholic liquors.

I certify that I have not been convicted of a violation of said laws within one year prior to the date of this application.

I agree to notify the board at once if I cease to conduct the retail drug business at the above location and will return the certificate issued thereon.

Signed

Date: April 14, 2006

Please submit non-refundable check or money order for \$120.00 payable to the Commonwealth of Massachusetts.

- Please do not write below this line -

Check

120

Number

980

M.O.

Date

5/2/06

Application for Mass. Controlled Substance Registration

Received

APR 25 2006

BOARD OF
PHARMACY

Ameridose, LLC
50 Fountain Street
Framingham, MA 01702
508-656-2653
fax 508-872-0044



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Division of Health Professions Licensure

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KERRY HEALEY
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<http://www.mass.gov/reg/boards/ph>

Received

APR 25 2006

BOARD OF
PHARMACY

APPLICATION FOR MASS. CONTROLLED SUBSTANCE REGISTRATION
FEE: \$151.00

Cash _____ Check \$ 151

No. 1136 Date 5/2/06 M.O. _____

Please do not write above this line

I here apply for Registration under Mass. Controlled Substances Act-M.G.L. 94C Section 7.

Applicant Name (corporation) Ameridose, LLC

Business Address: 50 Fountain Street
(No. and Street)

Framingham, MA 01702
(City or Town) (State) (Zip Code)

Registration Classification:

(a) ☒ Retail Drug Store (b) _____ Wholesale/Mfg/Dist.

(c) _____ Hospital/Clinic/Inst. (d) _____ Nuclear

FEIN # 20-4253511

Drug Schedule

Schedule II Schedule III (X) Schedule IV (X) Schedule V (X) Schedule VI
(X) Non-Narcotic (X) Non-Narcotic
(X) Narcotic (X) Narcotic

Current drugstore permit No. pending Current Wholesale Druggist License No. n/a

Signature of Applicant Meggy A. Bingham, RPh
(Owner of facility must sign application)

Please submit check or money order for \$151.00 payable to the Commonwealth of Massachusetts.

WARNING:

In accordance with Chapter 94 M.G.L. Sec 13, the Board of Registration in Pharmacy in the case of a retail drug business or wholesale druggist, may suspend or revoke a registration to manufacture, distribute, dispense or possess a controlled substance after a hearing pursuant to the provisions of Chapter 34A and upon finding that the registrant has furnished false or fraudulent information in any application filed under the provisions of Chapter 94C.

Ameridose, LLC
50 Fountain Street, Framingham, MA 01702
508-656-2653, fax 508-872-0044

April 25, 2006

Charles R. Young
Executive Director
Massachusetts Board of Registration in Pharmacy
239 Causeway St
Boston, MA 02113

Received

APR 25 2006

BOARD OF
PHARMACY

Dear Mr. Young,

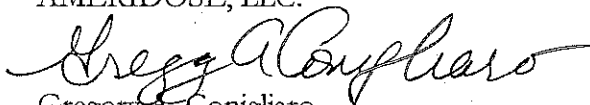
Please find attached our Application for Registration to Manage and Operate a New Community Pharmacy as well as supporting applications and drawings.

We are confident that our services will fill an urgent need in the Massachusetts healthcare environment and enhance public health, welfare and safety.

I may be reached at 508-656-2633 should you require further information. Thank you for your consideration.

Sincerely,

AMERIDOSE, LLC.



Gregory A. Conigliaro
Manager

Received

APR 25 2006

BOARD OF
PHARMACY

**Petition for a Waiver of the
Provisions of 247 Licensure
of a Pharmacy and or
Pharmacy Department**

Ameridose, LLC
50 Fountain Street
Framingham, MA 01702
508-656-2653
fax 508-872-0044

Ameridose...Enhancing Public Health, Welfare and Safety



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Division of Health Professions Licensure

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<http://www.mass.gov/reg/boards/ph>

Received
APR 25 2006

PETITION FOR A WAIVER OF THE PROVISIONS OF 247 BOARD OF
LICENSURE OF A PHARMACY AND OR PHARMACY DEPARTMENT PHARMACY

Application to be completed by the registered pharmacist who is or shall be responsible for the management and operation of the pharmacy and or pharmacy department.

Pursuant to 247 CMR (14.01), I hereby apply for a special or limited use pharmacy or pharmacy department permit because the type of pharmacy practice is of a special, limited or unusual nature as compared to regular pharmacy services.

Name of pharmacy and or pharmacy department: **Ameridose, LLC**

Location: **50 Fountain Street, Framingham, MA 01702**

Phone number: **508-656-2653**

Contact Person: **Sophia Pasedis, RPh, PharmD**

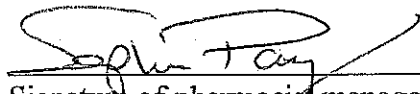
Please use separate sheets to complete the following and attach sheets to application:

1. List the regulatory requirements(s) for which a waiver is requested and provide an explanation as to why each regulation should not apply to the pharmacy/pharmacy department.
2. Explain the compelling public interest that would be served by the granting of a waiver.
3. Explain why adherence to the regulation(s) would be impractical and unduly burdensome.
4. Include a comprehensive statement of the policies and procedures of the proposed operation, including safeguards to protect the public health, welfare and safety.

Before acting upon any petition the Board may require the applicant to personally appear before the Board to answer questions that would enable the Board to determine that the issuance of a permit would be in the best interest of the public health, welfare and safety and adherence to 247 CMR would be unreasonable.

Upon the granting of a waiver and issuance of a special or limited-use permit, the Board will issue a written finding that recites the specific Board regulations(s) which are being waived, the reasons the Board is waiving the regulation(s) at issue, and lists and contingent restrictions under which the pharmacy or pharmacy department may operate.

I declare that the statement and answered herein-contained are true and are made under the pains and penalties of perjury.

A handwritten signature in black ink, appearing to read "Stephen T. Ray", written over a horizontal line.

Signature of pharmacist manager of record

4-14-06

Date

Petition for a Waiver of the Provisions of 247 Licensure of a Pharmacy and or Pharmacy Department

1. *List the regulatory requirements(s) for which a waiver is requested and provide an explanation as to why each regulation should not apply to the pharmacy/pharmacy department.*

247 CMR 6.02 (4) – The pharmacy or pharmacy department shall maintain on premise at all times a sufficient variety and supply of medicinal chemicals and preparations which are necessary to compound and dispense commonly prescribed medications in accordance with the usual needs of the community

We are requesting a waiver to the above provision. It is our opinion that Ameridose's pharmacy practice is of a special limited or unusual nature compared to the regular retail pharmacy.

2. *Explain the compelling public interest that would be served by the granting of a waiver.*

Ameridose serves the public interest by offering high quality sterile IV admixtures, TPNs and repackaging services to hospital pharmacy departments, clinics and physician's offices - our community. Ameridose will not service the public directly. We do not intend to maintain or dispense all standard prescription medications as may be found in a typical retail pharmacy setting. Rather, we will be a conduit to improved patient care and safety by offering high quality medications to the above entities subject to factors such as beyond use dating and other safety considerations.

The need for our services has spawned from the rapidly changing regulatory environment which the pharmacy departments and clinics are now tasked to manage, including JCAHO and USP requirements. As a result, hospitals and clinics are seeking to outsource these critical services. Our trained registered pharmacists and certified technicians will be able to concentrate on preparing the highest quality medications, while our clients will be freed up to focus on the needs and care of their patients, which is what they do best. The services provided by Ameridose to healthcare institutions, clinics and physicians across the Commonwealth is urgently needed and will absolutely enhance public health, welfare and safety.

3. *Explain why adherence to the regulation(s) would be impractical and unduly burdensome.*

The regulation in question is impractical and unduly burdensome in this instance - we will be unable to offer all prescription medications typically found in a retail pharmacy and/or available from a wholesaler. Due to the specialized nature of the equipment, facilities and personnel required to provide our unique IV admixture, TPN and repackaging services, the maintenance and dispensing of typical manufactured medications would be incongruent with our mission.

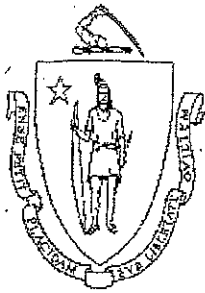
It should be noted, that there are approximately nineteen (19) standard retail pharmacies currently located in Framingham, MA as well as several wholesalers in-state. As such, medications required by the public that we do not plan to dispense at Ameridose are readily available in the local community.

4. *Include a comprehensive statement of the policies and procedures of the proposed operation, including safeguards to protect the public health, welfare and safety.*

All of our high quality sterile IV admixtures, including TPNs, will be prepared in a controlled environment, using the latest Laminar Flow Technology contained within a state-of-the-art ISO 6 Cleanroom.

Ameridose has developed and shall maintain a complete set of Standard Operating Procedures (SOPs). Chapters include: Guidelines for Preparations, Facilities and Cleaning Procedures, Equipment and Supplies, Pharmacy Practice, Sterilization and Depyrogenation and Quality Assurance/Quality Control. All of these SOPs shall be reviewed and followed by all pharmacists and technicians on an ongoing basis. Ameridose has developed and shall maintain a company-wide Quality Assurance Program. This program shall insure real-time improvements to our operations on a continual basis.

Ameridose's "above and beyond mentality" shall insure that safeguards are always in place to protect the public health, welfare and safety.



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Division of Health Professions Licensure
239 Causeway Street, 2nd Floor, Boston, MA 02114

MITT ROMNEY
GOVERNOR

KERRY HEALEY
LIEUTENANT GOVERNOR

TIMOTHY R. MURPHY
PAUL J. COTE, JR.
COMMISSIONER

JEAN K. PONTIKAS
DIRECTOR

✓
COMPLETED

JUL 18 2006



#3467

REQUEST FOR STAFF ASSIGNMENT

Send letter to complainant: ☐ Board to send letter to complainant of outcome: ☐

(To be filed Out by Requestor)

BOARD NAME (entire): PHARMACY

REQUESTED BY : James D. Coffey, Assoc. Dir. Date: 05/12/06

APPROVED BY: Renta

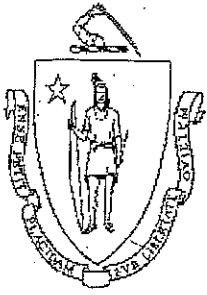
DATE ASSIGNED: _____

INVESTIGATOR ASSIGNED: Emery

Summary of Assignment: _____ To conduct a controlled premises initial inspection of Ameridose, LLC proposed to be located at 50 Fountain Street, Framingham, MA 01702 pursuant to a NEW PREMISES application. The proposed Manager of Record of such pharmacy is Sophia Pasedis, R.Ph., (Lic. No. 20217). The contact person for such inspection is Sophia Pasedis, R.Ph., MOR (508-656-2653). The proposed opening date is not indicated on the application. (Investigator shall ensure that a designated counseling area is provided prior to related approval and that pharmacy is to comply with company policies for counseling. Please distribute the Boards Best Practices to the proposed Manager of Record. **It should be noted that the Board APPROVED the requested WAIVER 6.02(4).

The "original" inspection report shall be forwarded to the Board to be attached to the application for licensure prior to granting a final permit number.

(To Be Filed Out By Admin. Staff)



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Division of Health Professions Licensure
239 Causeway Street, 2nd Floor, Boston, MA 02114

Assignment Number: SA BD Code: DS FY: 06 NO: 095

MAY 17 2006



(To be filed out by Investigator)

Complainant Name: _____

Phone #: _____

Subject of Assignment: _____

Lic #: _____

Home Address: _____

Phone #: _____

City, State, Zip: _____

Business Name: _____

Lic #: _____

Address: _____

Phone: _____

City, State, Zip: _____

DISPOSITION:

Closed 7/13/06

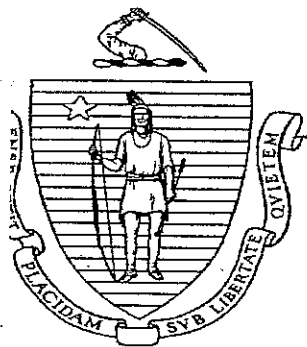
License # 3467

Investigators Initials: JFE

Date Completed: 7/13/06 Time Utilized: 3 hrs
minutes

Additional Information attached: ☐ Yes ☒ No

Supervisor's signature: [Signature] Date: 7/26/06



The Commonwealth of Massachusetts
Executive Office of Health and Human Service
Department of Public Health
Division of Health Professions Licensure

Board of Registration in Pharmacy
239 Causeway Street, Suite 200, 2nd Floor
Boston, MA 02114
(800) 414-0168 (office) / 617-973-0983 (fax)
<http://www.mass.gov/reg/boards/ph>

APPLICATION FOR A NEW STORE

MTT ROMNEY
GOVERNOR
KERRY HEALEY
LIEUTENANT GOVERNOR
TIMOTHY R. MURPHY
SECRETARY
PAUL J. COTE, JR.
COMMISSIONER
Received
JAMES J. KAS
DIRECTOR

APR 25 2006

BOARD OF
PHARMACY

I hereby apply for a permit to operate a store for the transaction of retail drug business in accordance with the provisions of Chapter 112, General Laws.

\$351.00 licensure / application fee. Make check or money order for \$351.00 payable to the Commonwealth of Massachusetts. **This fee is non-refundable.**

1. Legal Name of Business. **Ameridose, LLC**
2. Full Business Address (Street Address, City, State and Zip). **50 Fountain Street, Framingham, MA 01702**
3. Area Code and Telephone Number. **508-656-2653**
4. All trade or business names ("D.B.A." names) used by same Corporation or by License. **Ameridose, LLC**
5. Type of ownership or operation (i.e., sole proprietorship, partnership, corporation). **Limited Liability Company (LLC)**
If corporation, please submit articles of corporation. Please see Attachment "A"
5. Names(s) and Social Security Number(s) of the owner(s) and/or operator(s) of the licensee. Please indicate type of ownership - Partnerships: the name of each partner and name address of partnership;

Corporations: the name and title of each corporate officer and director, the corporate names, name and address of parent company, if any, and the State of incorporation; Sole Proprietorship: the name of the sole proprietor and the address of the business entity. Please see Attachment "B"

7. Name of registered pharmacist charged with the management of the pharmacy. **Sophia Pasedis, RPh, PharmD.**
8. Registration number of above manager. **20217**
9. Name(s) and registration number(s) of staff pharmacist(s) employed at pharmacy. **Sophia Pasedis, RPh, PharmD.**
10. Have any of the applicant(s) and/or managers-in-charge had: 1) any convictions related to the distribution of drugs (including samples); 2) any felony convictions; 3) any suspension(s) or revocation(s) or other sanction(s) by federal, state or local governmental agency of any license or registration currently or previously held by the applicant or license for the manufacture, distribution, or dispensing of any drugs, including controlled substances? **NO**

Have any applications for licensure been denied by any federal or state agency including any state board of pharmacy? **NO**

List and explain. Attach additional sheets if necessary. **N/A**

11. The applicant/licensee must notify the Board in writing of any changes in ownership or management within thirty (30) days of such change(s).

12. Social Security Number (Mandatory). **[REDACTED]**

Pursuant to M.G.L. c. 62C, s. 47A, the Division of Registration is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

List any licenses/certifications you hold in the United States or any country or foreign jurisdiction and the state/jurisdiction from which the license/certification was originally issued. Please attach a certificate of standing from each state or jurisdiction in which you are licensed/certified, indicating the status of your license and any relevant disciplinary information. **Massachusetts Registered Pharmacist License #20217, Attachment "C."**

14. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☒

If yes, please state the details (use a separate sheet if necessary). **N/A**

15. Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☒

If yes, please state the details (use a separate sheet if necessary). **N/A**

16. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☒

If yes, please state the details (use a separate sheet if necessary). **N/A**

17. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☒

If yes, please state the details (use a separate sheet if necessary). **N/A**

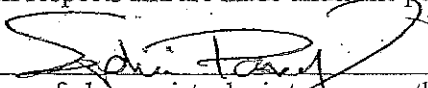
18. Pursuant to Board Regulations at 247CMR § 6.01(3), The Board shall not register nor permit ownership of a pharmacy or pharmacy department by a practitioner with prescriptive privileges. By signing this application the applicant certifies that none of the owners, directors or officers have prescriptive privileges.

Affidavit (must be completed and notarized)

Pursuant to M.G.L. c. 62C, s. 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

The applicant certifies that each person employed in any prescription drug distribution activity has the education, training, and experience, or any combination thereof, sufficient for that person to perform the assigned functions in such a manner as to provide assurance that the drug product quality, safety, and security will at all times be maintained as required by law.


I hereby state that I am the person authorized to sign this application for all licensure; that all statements are true and correct in all respects and are made under the penalties of perjury.



Signature of pharmacist who is to manage the pharmacy or pharmacy department

¹⁴
April 5, 2006

Date


Social Security Number of the Manager of Record

Sworn and subscribed before me this 14th day of April, 2006

My commission expires 12/31/2010. Carrie Lee Heston
Notary Public

To be completed by the Board: Check \$ 351 Date 5/2/06 Number 6170

Received

APR 25 2006

BOARD OF
PHARMACY

Application for Registration to Manage and Operate a New Community Pharmacy

Ameridose, LLC
50 Fountain Street
Framingham, MA 01702
508-656-2653
fax 508-872-0044

Ameridose...Enhancing Public Health, Welfare and Safety



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Division of Health Professions Licensure

Board of Registration in Pharmacy
239 Causeway Street, Suite 200, 2nd Floor
Boston, MA 02114
(800) 414-0168 (office) / 617-973-0983 (fax)
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MITT ROMNEY
GOVERNOR

KERRY HEALEY
LIEUTENANT GOVERNOR

TIMOTHY R. MURPHY
SECRETARY

PAUL J. COTE, JR.
COMMISSIONER

JEAN K. PONTIKAS
DIRECTOR

APPLICATION FOR REGISTRATION TO MANAGE AND OPERATE
A NEW COMMUNITY PHARMACY

(1) In order to be registered by the Board to manage and operate a pharmacy or pharmacy department and be issued a permit to do so, the registered pharmacist who shall be responsible for the management and operation of the pharmacy or pharmacy department shall obtain and submit to the Board an application for registration to manage and operate a pharmacy or pharmacy department available from the Board. A completed application shall be:

(a) fully and properly completed and signed, under the penalties of perjury, by the pharmacist who is to manage and operate the pharmacy or pharmacy department; ✓

(b) accompanied by a statement of the scheduled hours during which the pharmacy or pharmacy department is to remain open, including the time of opening and closing during regular business hours for each day of the week; **Attachment "D"** ✓

(c) accompanied by an application, available from the Board, for a Massachusetts controlled substance registration; ✓

(d) accompanied by an application, available from the Board, for a certificate of fitness, if applicable; ✓

(e) accompanied by a check or money order made payable, in the proper amount, to the "Commonwealth of Massachusetts Board of Registration in Pharmacy"; and ✓

(f) accompanied by any additional information as determined by the Board. ✓

(g) accompanied by an official blueprint or certified architectural plans drawn to scale clearly designating both the prescription and patient consultation areas (pharmacy department shall be outlined in RED). ✓

(2) A completed application to operate a pharmacy shall include:

(a) a copy of the corporation's Articles of Organization, signed and sealed by the Secretary of State if the corporation is incorporated in the Commonwealth; ✓

(b) a copy of the corporation's Foreign Corporation Certificate, signed and sealed by the Secretary of State pursuant to M.G.L. c. 181, § 4, if the corporation is incorporated in another state; n/a

(c) a statement of the name and address of each officer and director of the corporation and the position held; ✓

(d) the d/b/a name of the corporation; and n/a

(f) if the corporation is not publicly owned, the total amount and type of stock issued to each stockholder and the names and addresses of said stockholder(s). ✓

(3) The Board shall not register nor permit ownership of a pharmacy or pharmacy department by a practitioner with prescriptive privileges. ✓

(4) Before acting upon any application for registration to manage and operate a pharmacy or pharmacy department, the Board may require a hearing and, if requested to do so, the applicant shall personally appear before the Board to answer questions to enable the Board to determine that issuance of a permit would be in the best interests of the public health, welfare and safety as set forth in M.G.L. c. 112, § 39. ✓

(5) The Board may require an inspection of the pharmacy or pharmacy department before final approval of the application is granted. All proposed pharmacies and pharmacy departments shall comply with the following requirements: ✓

(a) No application for registration to manage and operate a pharmacy or pharmacy department shall be approved unless, upon inspection, the following is maintained on the pharmacy premises: ✓

1. a current copy or electronic version of the Massachusetts List of Interchangeable Drugs (MLID), including the Orange Book, Additional List, Exception List, and the latest supplements thereto; ✓

2. a current copy or electronic version (with quarterly updates) of a compendia appropriate to the practice setting approved by the pharmacist manager of record. ✓

3. a current copy or electronic version of Board Regulations 247 CMR 1.00 et seq.; ✓

4. a balance capable of accurately weighing quantities as small as 13 milligrams, which balance shall be tested and sealed by the state or local sealer of weights and measures annually; ✓

5. the equipment necessary to conduct the practice of pharmacy according to the standards set forth by most current edition of the United States Pharmacopoeia; ✓

6. prescription labels which bear the name and address of the proposed pharmacy; ✓

7. appropriate sanitary appliances, including a suitable sink which shall be equipped for hot and cold running water and which shall be situated in or near the area in which prescriptions are to be filled; ✓

8. whenever applicable, at least one bound book for recording sales of controlled substances which may be sold over-the-counter without a prescription; and ✓

9. whenever applicable, at least one book for recording sales of alcoholic beverages and signatures of the purchasers of these beverages. ✓

(b) There shall be within every pharmacy or pharmacy department a prescription area of not less than 300 square feet to accommodate the appropriate pharmaceutical equipment, apparatus, and supplies, and to facilitate the proper preparation and compounding of prescribed medications. This area shall provide for an arrangement and storage of drugs that is calculated to prevent their accidental misuse. ✓

(c) Any pharmacy or pharmacy department which establishes a central intravenous admixture service (CIVAS) shall, in addition to the 300 square feet required by 247 CMR 6.01(6)(b), provide for a separate room referred to as a "clean room" apart from all other areas of the pharmacy or pharmacy department. This clean room shall meet the following requirements: ✓

1. There shall be a minimum working area of 72 square feet; ✓

2. it shall be closed on all sides except for a door and an opening to allow for the passage of materials; ✓

3. it shall have a laminar flow hood with either vertical or horizontal air flow; ✓

4. the laminar flow hood standards of operation of HEPA (High Energy Particulate Air) filters and prefilters must be determined and certification shall be made annually by a Board-approved hood certification service; ✓

5. the Board shall be notified before beginning operation of the clean room to verify hood certification; ✓

6. the area of the clean room shall be under continual positive pressure unless the hood is self-venting; and ✓

7. applications for construction of a pharmacy with a clean room received after September 30, 1996 shall show the clean room located directly adjacent to the prescription area/department. ✓

(d) Patient Consultation Area.

1. A pharmacy must provide a designated consultation area, with signage stating "Patient Consultation Area", designed to provide adequate privacy for confidential visual and auditory patient counseling. The private consultation area must be accessible by a patient from the outside of the prescription dispensing area without having to traverse a stockroom or the prescription dispensing area. ✓

2. 247 CMR 6.01(5)(d) shall be effective for all new or relocating pharmacies on April 1, 2005. All existing pharmacies must comply with 247 CMR 6.01(5)(d) by January 1, 2007. ✓

(6) The Board shall issue a permit indicating the pharmacy or pharmacy department's registration number if the Board finds, in its reasonable discretion, that approving the application would be consistent with the best interest of public health, welfare and safety. ✓

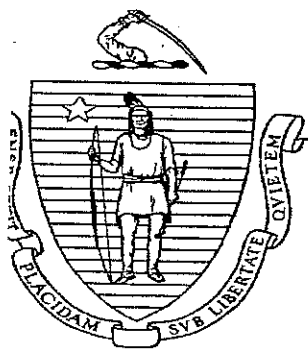
(7) All fees submitted to the Board in connection with an application for registration to operate a pharmacy or pharmacy department, which are reviewed and acted upon by the Board, are nonrefundable. ✓

Please be advised that no pharmacy and pharmacy department shall begin to operate until the application has been approved by the Board and: 1) the pharmacist Manager of Record has received from the Board a permit number to manage and operate the pharmacy and or pharmacy department, and 2) has received a controlled substances registration number.

For complete information regarding relocation regulations, please refer to 247 CMR 6.01 & 6.02. If additional information is necessary, please contact the Board office at (800) 414-0168.

To obtain a DEA number, please contact the Drug Enforcement Administration (DEA) office for an application. The address is: J.F.K. Federal Building

Drug Enforcement Administration
Room E400
15 New Sudbury Court
Boston, MA 02203-0131
(617) 557-2200



The Commonwealth of Massachusetts
Executive Office of Health and Human Service
Department of Public Health
Division of Health Professions Licensure

Board of Registration in Pharmacy
239 Causeway Street, Suite 200, 2nd Floor
Boston, MA 02114
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MTT ROMNEY
GOVERNOR
KERRY HEALEY
LIEUTENANT GOVERNOR
TIMOTHY R. MURPHY
SECRETARY
PAUL J. COTE, JR.
COMMISSIONER
Received
BRIAN J. KAS
DIRECTOR

APR 25 2006

BOARD OF
PHARMACY

APPLICATION FOR A NEW STORE

I hereby apply for a permit to operate a store for the transaction of retail drug business in accordance with the provisions of Chapter 112, General Laws.

\$351.00 licensure / application fee. Make check or money order for \$351.00 payable to the Commonwealth of Massachusetts. **This fee is non-refundable.**

1. Legal Name of Business. **Ameridose, LLC**
2. Full Business Address (Street Address, City, State and Zip). **50 Fountain Street, Framingham, MA 01702**
3. Area Code and Telephone Number. **508-656-2653**
4. All trade or business names ("D.B.A." names) used by same Corporation or by License. **Ameridose, LLC**
5. Type of ownership or operation (i.e., sole proprietorship, partnership, corporation). **Limited Liability Company (LLC)**
If corporation, please submit articles of corporation. **Please see Attachment "A"**
5. Names(s) and Social Security Number(s) of the owner(s) and/or operator(s) of the licensee. *Please indicate type of ownership - Partnerships: the name of each partner and name address of partnership;*


Corporations: the name and title of each corporate officer and director, the corporate names, name and address of parent company, if any, and the State of incorporation; Sole Proprietorship: the name of the sole proprietor and the address of the business entity. Please see Attachment "B"

7. Name of registered pharmacist charged with the management of the pharmacy. **Sophia Pasedis, RPh, PharmD.**
8. Registration number of above manager. **20217**
9. Name(s) and registration number(s) of staff pharmacist(s) employed at pharmacy. **Sophia Pasedis, RPh, PharmD.**
10. Have any of the applicant(s) and/or managers-in-charge had: 1) any convictions related to the distribution of drugs (including samples); 2) any felony convictions; 3) any suspension(s) or revocation(s) or other sanction(s) by federal, state or local governmental agency of any license or registration currently or previously held by the applicant or license for the manufacture, distribution, or dispensing of any drugs, including controlled substances? **NO**

Have any applications for licensure been denied by any federal or state agency including any state board of pharmacy? **NO**

List and explain. Attach additional sheets if necessary. **N/A**

11. The applicant/licensee must notify the Board in writing of any changes in ownership or management within thirty (30) days of such change(s).

12. Social Security Number (Mandatory). 

Pursuant to M.G.L. c. 62C, s. 47A, the Division of Registration is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

List any licenses/certifications you hold in the United States or any country or foreign jurisdiction and the state/jurisdiction from which the license/certification was originally issued. Please attach a certificate of standing from each state or jurisdiction in which you are licensed/certified, indicating the status of your license and any relevant disciplinary information. **Massachusetts Registered Pharmacist License #20217, Attachment "C."**

14. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☒
If yes, please state the details (use a separate sheet if necessary). **N/A**
15. Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☒
If yes, please state the details (use a separate sheet if necessary). **N/A**
16. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☒
If yes, please state the details (use a separate sheet if necessary). **N/A**
17. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☒
If yes, please state the details (use a separate sheet if necessary). **N/A**

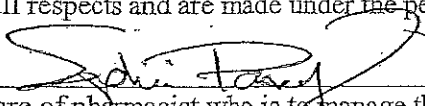
18. Pursuant to Board Regulations at 247CMR § 6.01(3), **The Board shall not register nor permit ownership of a pharmacy or pharmacy department by a practitioner with prescriptive privileges.** By signing this application the applicant certifies that none of the owners, directors or officers have prescriptive privileges.

Affidavit (must be completed and notarized)

Pursuant to M.G.L. c. 62C, s. 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.


The applicant certifies that each person employed in any prescription drug distribution activity has the education, training, and experience, or any combination thereof, sufficient for that person to perform the assigned functions in such a manner as to provide assurance that the drug product quality, safety, and security will at all times be maintained as required by law.

I hereby state that I am the person authorized to sign this application for all licensure; that all statements are true and correct in all respects and are made under the penalties of perjury.



Signature of pharmacist who is to manage the pharmacy or pharmacy department

¹⁴
April 5, 2006
Date


Social Security Number of the Manager of Record

Sworn and subscribed before me this 14th day of April, 2006

My commission expires 12/31/2010. Carrie Lee Hester
Notary Public

To be completed by the Board: Check \$ 351 Date 4/2/06 Number 6170



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

April 10, 2006

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

AMERIDOSE, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **February 8, 2006.**

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that, said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are:
GREGORY CONIGLIARO, BARRY J. CADDEN

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **GREGORY CONIGLIARO, BARRY J. CADDEN**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **GREGORY CONIGLIARO, BARRY J. CADDEN**



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

AMERIDOSE, LLC
CERTIFICATE OF ORGANIZATION

FEB 08 2006

SECRET
SFCAP 001 001 001 001 001 001
COPY 001 001 001 001 001 001

Pursuant to the provisions of the Massachusetts Limited Liability Company Act (the "Act") the undersigned hereby certifies as follows:

1. Name of the Limited Liability Company. The name of the limited liability company formed hereby (the "Company") is Ameridose, LLC.

2. Office of the Limited Liability Company. The address of the office of the Company in the Commonwealth required to be maintained by Section 5 of the Act is 50 Fountain Street, Framingham, MA 01702.

3. Agent for Services of Process. The name and address of the resident agent for services of process for the Company is Gregory Conigliaro, 50 Fountain Street, Framingham, MA 01702.

4. Date of Dissolution. The Company is to have no specific date of dissolution.

5. Manager. The Managers are:

Gregory Conigliaro
50 Fountain Street
Framingham, MA 01702

Barry J. Cadden
50 Fountain Street
Framingham, MA 01702

6. Execution of Documents. Either Manager is authorized to execute any documents to be filed with the Secretary of State of the Commonwealth of Massachusetts.

7. Business of the Company.

- (a) To provide unit dose repackaging services;
- (b) To exercise all other powers necessary to or reasonably connected with the Company's business that may be legally exercised by limited liability companies under the Act; and
- (c) To engage in all activities necessary, customary, convenient, or incident to any of the foregoing.

8. Execution of Documents Relating to Real Property. Either Manager is authorized

to execute, acknowledge, deliver and record any recordable instrument on behalf of the Company purporting to affect any interest in real property, whether to be recorded with a registry of deeds or a district office of the Land Court.

IN WITNESS WHEREOF, the undersigned hereby affirms under the penalties of perjury that the facts stated herein are true, this 6 day of February, 2006.


Gregory Conigliaro

Check/Voucher # 89

The Commonwealth of Massachusetts
Limited Liability Company
(General Laws, Chapter 156C)

999316

SECRETARY OF THE
COMMONWEALTH

2006 FEB -8 PM 2:42

CORPORATION DIVISION

Filed this 8 day February, 2006

William Francis Galvin

William Francis Galvin
Secretary of the Commonwealth

Name JONATHAN D TAMKIN

Phone 617 964 2501

Ameridose, LLC

50 Fountain Street, Framingham, MA 01702

Tel: 508-656-2653

Fax: 508.872-0044

TYPE OF OWNERSHIP

Limited Liability Company

Organized in the Commonwealth of Massachusetts

COMPANY OPERATORS/MANAGERS

1. Gregory A. Conigliaro, Manager

[REDACTED]

2. Barry J. Cadden, R. Ph., Manager

[REDACTED]

LLC OWNERS

1. Carla R. Conigliaro

Ownership: 55% membership interest

[REDACTED]

2. Barry J. Cadden, R. Ph.

Ownership: 17.5% membership interest

[REDACTED]

3. Lisa M. Conigliaro Cadden, R. Ph.

Ownership: 17.5% membership interest

[REDACTED]

4. Gregory A. Conigliaro

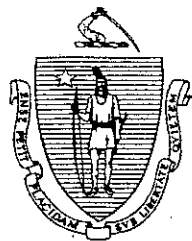
Ownership: 10% membership interest

[REDACTED]

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH
BOARD OF REGISTRATION
IN PHARMACY
ISSUES THIS LICENSE AS A
REGISTERED PHARMACIST
SOPHIA PASEDIS
20217 12/31/06 161939
LICENSE NO. EXPIRATION DATE SERIAL NO.

If your name or address change, notify your Board to insure the proper mailing of your next Renewal Application. Always refer to your license number when corresponding with your Board. This license is subject to the provisions of the General Laws as amended. It is a privilege, and cannot be loaned or assigned to any other entity. Keep this license on your person, posted, or as required by law.

Please visit our web site at: <http://mass.gov/dph/boards>



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Division of Health Professions Licensure

Attachment
"D"

MITT ROMNEY
GOVERNOR
KERRY HEALEY
LIEUTENANT GOVERNOR
TIMOTHY R. MURPHY
SECRETARY
PAUL J. COTE, JR.
COMMISSIONER
JEAN K. PONTIKAS
DIRECTOR

Board of Registration in Pharmacy
239 Causeway Street, Suite 200, 2nd Floor
Boston, MA 02114
(800) 414-0168 (office) / 617-973-0983 (fax)
<http://www.mass.gov/reg/boards/ph>

PHARMACY HOURS

Name of Store: Ameridose, LLC

Street: 50 Fountain Street

City or Town: Framingham Zip Code: 01702

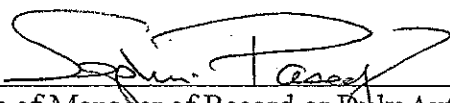
Phone Number: 508-656-2653

| | Open | Close | Hours |
|-----------|---------|---------|-------|
| Monday | 8:30 am | 5:30 pm | 9 |
| Tuesday | 8:30 am | 5:30 pm | 9 |
| Wednesday | 8:30 am | 5:30 pm | 9 |
| Thursday | 8:30 am | 5:30 pm | 9 |
| Friday | 8:30 am | 5:30 pm | 9 |
| Saturday | Closed | Closed | 0 |
| Sunday | Closed | Closed | 0 |

Total Hours Per Week: 45

April 14, 2006

Date


Signature of Manager of Record or Duly Authorized Representative

Sophia Pasedis, RPh, PharmD.
Print Full Name

Application for Certificate of Fitness

Received

APR 25 2006

BOARD OF
PHARMACY

Ameridose, LLC
50 Fountain Street
Framingham, MA 01702
508-656-2653
fax 508-872-0044



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Division of Health Professions Licensure

MITT ROMNEY
GOVERNOR

KERRY HEALEY
LIEUTENANT GOVERNOR

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Boston, MA 02114
(800) 414-0168 (office) / 617-973-0983 (fax)
<http://www.mass.gov/reg/boards/ph>

Received

APR 25 2006

BOARD OF
PHARMACY

APPLICATION FOR A CERTIFICATE OF FITNESS
Manager of Record Must Complete Application. Fee: \$120.00

I, Sophia Pasedis (name), at 508-656-2653 (telephone), of 50 Fountain Street (street address), Framingham (city), MA (state), 01702 (zip code), a registered pharmacist, certificate number 20217 being now actively engaged in conducting a retail drug business as sole owner or Manager of Record for the firm / corporation of Ameridose, LLC do hereby apply for **CERTIFICATE OF FITNESS**, claiming to be a proper person to be entrusted with the authority to:

- 1) Use alcohol for the manufacture of United States Pharmacopeia and National Formulary preparations and all medicinal preparations unfit for beverage purposes,
- 2) Sell, in accordance with the laws of the Commonwealth, alcohol and alcoholic liquors, and that the public good will be promoted by the granting of such license.

I have \$0 (give dollar amount) invested in said retail business and will comply with the laws of this Commonwealth and the regulations of the Board relating to the use and sale of the alcohol and alcoholic liquors.

I certify that I have not been convicted of a violation of said laws within one year prior to the date of this application.

I agree to notify the board at once if I cease to conduct the retail drug business at the above location and will return the certificate issued thereon.

Signed

Date: April 14, 2006

Please submit non-refundable check or money order for \$120.00 payable to the Commonwealth of Massachusetts.

- Please do not write below this line -

Check 120
Number 980

M.O. _____
Date 5/2/06

**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
BOARD OF REGISTRATION IN PHARMACY**

COMPOUNDING PHARMACY INSPECTION REPORT

Assignment number: 06-095

Inspection Date: 7/13/06

New Pharmacy: ☒

Compliance: _____ Relocation: _____

ADMINISTRATIVE

- 1) Corporation Name: Ameri Dose
2) DBA Name: Ameri Dose LLC
3) Address: 50 Fountain St
4) City / Town: Framingham MA Zip: 01702
5) Telephone #: 508-652-2253 Fax #: _____
6) Registrant: Sophia Pascale License No: 20217
7) DEA #: _____ Exp. Date: _____

- 8) Board of Pharmacy Control Substance # _____ Exp. Date: _____
9) Pharmacy Hours of Operation: M-F 8:30-5 Sat: _____ Sun: _____

REFERENCES SOURCES

- | | | | |
|---|----------------------------------|---|----|
| 1) Rules and Regulations Board of Pharmacy 247 CMR | <input checked="" type="radio"/> | N | |
| 2) FDA Guidelines 795 (non sterile) 797 (sterile) 480 | <input checked="" type="radio"/> | N | |
| 3) USP Guidelines | <input checked="" type="radio"/> | N | |
| 4) Facts and Comparisons (latest edition) | <input checked="" type="radio"/> | N | |
| Updates inserted | <input checked="" type="radio"/> | N | |
| CD Rom versions: <input checked="" type="radio"/> N Updated quarterly | <input checked="" type="radio"/> | N | |
| 5) USP / DI Volume 1 _____ Volume 2 _____ | <input checked="" type="radio"/> | N | |
| 6) American Hospital Formulary Service Drug Information | <input checked="" type="radio"/> | N | NA |
| 7) American Medical Association Drug Evaluations | <input checked="" type="radio"/> | N | NA |
| 8) Gold Standard Y <input checked="" type="radio"/> N Updated quarterly | <input checked="" type="radio"/> | N | NA |
| 9) Mosby's Drug Consult | <input checked="" type="radio"/> | N | NA |
| 10) M.L.I.D. (latest version) | <input checked="" type="radio"/> | N | |

EQUIPMENT

- 1) Sufficient Equipment ☒ N
- 2) Balance information: Torsion balance / scale and weights Seal Date: _____
Electronic balance Seal Date: 7/06
Scale with print out: ☒ N Seal Date: _____
- 3) Number of Sinks in pharmacy location: 3
- 4) Hot and Cold running water ☒ N
- 5) Computer Software Name PK Software Support Number _____
- 6) Label Compliance
 Legend label compliant with interchange ☒ N
- 7) Written copy of Policy & Procedures Manual on location related to the handling of Medication Errors ☒ N

O.B.R.A

- 1) Counseling Sign (11" x 14") posted: Y N
- 2) Designated Confidential Counseling Area Y N
- 3) Drive Up Window: Y N Sign Posted: Y N
- 4) Counseling offer is offered by: Pharmacist Reg. Tech. N Certified Tech
- Intern / Student / Grad. Pharmacist?
- 5) Record maintained of Offer to Counsel Y N
- 6) Monographs used? All prescriptions New prescriptions only
- 7) Prospective DUR on new prescriptions? Y N *by end user*
- Conducted by: Pharmacists? Certified Tech? Reg. Tech?
- Intern / Student / Grad. Pharmacist

E.D.T.

- 1) Random Sampling of Purported Prescriptions: DEA # Correct _____ Y N
- 2) Identifier of Recipient on Rx. Y N
- 3) Transmitting by Computer on time? Y N
- 4) Counseling or Intervention Book Y N
- 5) Patient Drug Regimen Review completed prior to dispensing medication. Y N

RECORD KEEPING

- 1) Biennial Inventory Readily Retrievable Y N
- Date of last inventory: _____
- 2) Date of Last Change of Manager _____ NA
- 3) 222 Forms Sampling Compliant Y N
- 4) Power of Attorney on File Y N
- Located where: _____
- 5) Perpetual Inventory Schedule II Y N
- Date Last Reconciled: _____
- Date of Inspection: _____
- 6) Schedule III through Schedule IV controlled substances dispersed through the pharmacy? Y NA
- 7) Controlled substances in Schedule II locked and stored in the pharmacy Y N
- 8) Controlled substance deliveries are delivered directly to the pharmacy dept. Y N
- 9) Biennial Inventory readily retrievable? Y N
- Last Inventory date: _____
- 10) Inventory taken for Change of pharmacy manager Y N
- Date taken _____ Name of Incoming pharmacist _____
- Name of Outgoing pharmacist _____
- 11) Procedures in practice to validate controlled substance prescription Y N
- 12) Computerized records of distribution by schedule Y N
- a) Signed daily by pharmacist Y N
- b) Central Record Keeping Authority Y N
- 13) Schedule II prescriptions are segregated Y N
- 14) Schedule III, IV, and V prescriptions maintained in a separate file Y N
- 15) Schedule VI prescriptions and syringes and instruments filed together Y N

CODE OF PROFESSIONAL CONDUCT – 247 CMR 9.01

- 1) Patient Confidentiality Y N
- 2) Corresponding Responsibility: making sure prescription is for a legitimate use in usual course of practice. Y N
- 3) Doctor Shoppers as it relates to OBRA Y N

- 4) Faxing of Prescriptions
- a) plain paper fax ☒ Y ☐ N
- b) location of fax: Secure location ☒ Y ☐ N
- c) accept Schedule II fax prescriptions for reference? ☒ Y ☐ N
- 5) Prescribers signature is on face of prescription faxed ☒ Y ☐ N
- 6) Faxed prescription or drug order is marked Electronically Transmitted RX ☒ Y ☒ N/A
- 7) Fax includes the identification number of the sending facsimile machine ☒ Y ☐ N
- 8) Record maintained for transferring prescriptions
- Computerized record: ☒ Y ☒ N
- Hard copy log ☒ Y ☐ N
- 9) Emergency authorized prescriptions in Schedule II accepted? ☒ Y ☐ N
- a) Marked for authorization for emergency dispensing ☒ Y ☐ N
- i.e. faxes: marked with both: Electronically transmitted RX and Authorization for Emergency Dispensing ☒ Y ☐ N
- b) Written prescription is postmarked with in 7 days to pharmacy ☒ Y ☐ N
- c) Non-compliant physicians reported to DPH and DEA? ☒ Y ☐ N
- 10) Copies of pharmacists license posted ☒ Y ☐ N
- Copies of technicians licenses posted ☒ Y ☐ N
- 11) Names badges and titles noted ☒ Y ☐ N
- 12) Manager of record is responsible for (setting forth) policy & procedures ☒ Y ☐ N
- a) staff is adequately trained ☒ Y ☐ N
- b) technician manual on premises ☒ Y ☐ N
- c) ratio pharmacists to technicians 3:4
- 13) Number of Students/ Interns 3 Reg. Pharm. techs 3 Cert. Pharm. techs 3
- Pharmacists 4
- 14) After hours access to pharmacy? ☒ Y ☒ N
- 15) Evidence of security cameras ☒ Y ☐ N
- 16) Quarantine area for control substances in schedule II, III, IV, V recalls or expired product segregated from current inventory ☒ Y ☐ N
- 17) Quarantine area for schedule VI expired or recalled items ☒ Y ☐ N
- 18) Biohazard waste appropriately flagged ☒ Y ☐ N
- 19) Name of Reverse Distributor EXP telephone number _____
- date of last return: _____
- 20) JCAHO approved? ☒ Y ☒ N
- 21) Log noting re-packaging date, expiration date, lot number, manufacturer, expiration date size of packages, filled by and checked by? ☒ Y ☐ N
- 22) Current file of patients requesting Non Child Proof Caps? (NCPC) and is a release on file? ☒ Y ☒ N
- 23) Repackaged unit dose log complete ☒ Y ☐ N
- (Date, manufacturer, manuf. exp. date, lot number, quantity, tech prep, internal lot number, R.Ph verified and initialed)
- 24) Refrigerator cleanliness
- a) Temperature log ☒ Y ☐ N
- Freezer log ☒ Y ☐ N
- Freezer free of frost buildup ☒ Y ☐ N
- b) Thermometer present? Temperature 38 ☒ Y ☐ N
- c) Biological Refrigerator ☒ Y ☐ N
- d) Employee Refrigerator ☒ Y ☐ N
- 25) Technician Training Manual on site ☒ Y ☐ N
- Last update 6/06 last in-service _____
- 26) Pharmacy and dispensing are, clean, organized, neat, adequate ☒ Y ☐ N
- 27) After hours access to pharmacy? ☒ Y ☒ N
- Answering service cell phone Telephone Number _____

-

Expiration date _____
Expiration date _____ *Enclosed*
Telephone # _____

- 

- Y N

- S* N

- Y N

- Y N

- Y N

- Y N

- Y N

- Support Number

Y N

- Y N

- Y N

- guidelines

- U.S. Food and

- | Y | | N | |
|----|----|----|-----|
| 1 | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 |
| 9 | 10 | 11 | 12 |
| 13 | 14 | 15 | 16 |
| 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 |
| 29 | 30 | 31 | 32 |
| 33 | 34 | 35 | 36 |
| 37 | 38 | 39 | 40 |
| 41 | 42 | 43 | 44 |
| 45 | 46 | 47 | 48 |
| 49 | 50 | 51 | 52 |
| 53 | 54 | 55 | 56 |
| 57 | 58 | 59 | 60 |
| 61 | 62 | 63 | 64 |
| 65 | 66 | 67 | 68 |
| 69 | 70 | 71 | 72 |
| 73 | 74 | 75 | 76 |
| 77 | 78 | 79 | 80 |
| 81 | 82 | 83 | 84 |
| 85 | 86 | 87 | 88 |
| 89 | 90 | 91 | 92 |
| 93 | 94 | 95 | 96 |
| 97 | 98 | 99 | 100 |

- ily retrievable

- | | | |
|--|---|---|
| | Y | N |
|--|---|---|

- | | |
|---|---|
| Y | N |
| Y | N |

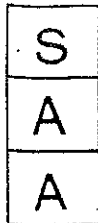
ous compound

ary lot number

- tion? ☒ Y

I not the spec

- Y N



Scientific Air Analysis, Inc.

47 Fatima Drive
Ashland, MA 01721
(508) 881-7100
(508) 881-7105 FAX

1-800-287-5252 MA ONLY

+5 LPM

BIOLOGICAL SAFETY CABINET SERVICE REPORT

CLIENT: AMERI DOSE
ADDRESS:
CITY, STATE:
CONTACT:
TEL #:
TEST DATE: 7-6-06
RECALL DATE: 7-31-07
TEST #: 10808
ID #: 8
MODEL #: S6603A
SERIAL #: 88020
LOCATION: Clean Room
NEW/USED: New
PASS/FAIL: PASSED

SUPPLY AIRFLOWS

SUPPLY RANGE: N/A FPM

50-60

SR: 54 52 50 49 47 53 58 56 52

50-60

SC: 53 54 58 52 51 54 54 53 54

47-57

SF: 51 53 56 50 52 51 56 52 53

L: 49 H: 58 AVG FPM:

AIRFLOW GAUGE: 225

UV BULB INT: N/A UW/CM2

EXHAUST AIRFLOWS

EXHAUST RANGE: 253-280 FPM

DUCTED: YES

R1: 270 226 273

EXH OP: 1.46 FT2

R2: 225 225 273

ACC OP: 3.89 FT2

R3: 221 221 273

R4: 268 224 267

EXH CFM: 397

EL: 267 EH: 276 EXH AVG FPM: 272

FACE VELOCITY: 107

MOTOR SPEED: 45 %

TEST RESULTS

DOWNFLOW VELOCITY: PASSED, AVG FPM OF: 52, 54, 53 IS WITHIN ACCEPTANCE
RANGE OF: N/A FPM. ALL INDIVIDUAL READINGS ARE WITHIN 20% OF DOWNFLOW
AVERAGE.

FACE VELOCITY: PASSED, AVG FPM OF: 107 IS WITHIN ACCEPTANCE
RANGES OF: 100-110 FPM.

AIRFLOW SMOKE PATTERNS PASSED, NO SMOKE ESCAPED FROM THE CABINET, THERE
ARE NO DEAD SPOTS OR REFLUX OVER THE WORK SURFACE.

FILTER LEAK TEST PASSED, PENETRATION DOES NOT EXCEED 0.01 % AT ANY POINT.

REFERENCE STANDARD NATIONAL SANITATION FOUNDATION #49-2002

TESTING INSTRUMENTS

ALNOR 8570, 99057017

CALIBRATED

10-04-05

ALNOR 8570, 99057020

6-06-05

ALNOR 550, 2664

10-04-05

ATI TDA-2G, 11119

10-04-05

UVC-254, C.83961

12-15-05

NIST # ID # USED

822/264157

A1

822/249620

A2

822/264157

A3

822/264157

A4

UVL2541335 U1

COMMENTS:

- [] NO ADJUSTMENTS REQUIRED AT THIS TIME. [] HOOD FAILED.
[] ADJUSTED / ZEROED MAGNETIC GAUGE. [] ALARM OPERATING PROPERLY.
[] UV BULB INTENSITY GOOD / FAIR / POOR. [] EXHAUST OPERATING PROPERLY.
[] INCREASED / DECREASED MOTOR BLOWER SPEED TO REBALANCE AIRFLOW.

CERTIFIER:

ADJUSTED EXHAUST DUCT TO BALANCE AIRFLOW

Steve O'Hare

S
A
A

Scientific Air Analysis, Inc.

47 Fatima Drive
Ashland, MA 01721
(508) 881-7100
(508) 881-7105 FAX
1-800-287-5252 MA ONLY

BIOLOGICAL SAFETY CABINET SERVICE REPORT

CLIENT: **AmeriDose**
ADDRESS:
CITY, STATE:
CONTACT:
TEL #:
TEST DATE: **7-6-06**
RECALL DATE: **7-31-07**

TEST #: **10775**
ID #: **#7**
MODEL #: **SG 603A**
SERIAL #: **88024**
LOCATION: **CLN Rm.**
NEW/USED: **New**
PASS/FAIL: **PASS**

SUPPLY AIRFLOWS

SUPPLY RANGE: **N/A** FPM

50-60 SR: 52 52 56 53 59 62 56 59 56
50-60 SC: 53 50 47 56 53 58 55 58 54
47-57 SF: 47 53 51 49 56 50 53 51 51

L: **47** H: **62** AVG FPM: **54**

AIRFLOW GAUGE: **.275**

UV BULB INT: **—** UW/CM2

EXHAUST AIRFLOWS

EXHAUST RANGE: **253-280** FPM
DUCTED: **NO**

R1: **246** 253 258 EXH OP: **1.46** FT2
R2: **268** 277 241 ACC OP: **3.89** FT2
R3: **263** 282 265
R4: **280** 291 272 EXH CFM: **388**

EL: **241** EH: **291** EXH AVG FPM: **266**

FACE VELOCITY: **105**

MOTOR SPEED: **35** %

TEST RESULTS

DOWNFLOW VELOCITY PASSED, AVG FPM OF **56, 54, 51** IS WITHIN ACCEPTANCE
RANGE OF: **—** FPM. ALL INDIVIDUAL READINGS ARE WITHIN 20% OF DOWNFLOW AVERAGE.

FACE VELOCITY PASSED, AVG FPM OF: **105** IS WITHIN ACCEPTANCE
RANGES OF: **100-110** FPM.

AIRFLOW SMOKE PATTERNS PASSED, NO SMOKE ESCAPED FROM THE CABINET, THERE ARE NO DEAD SPOTS OR REFLUX OVER THE WORK SURFACE.

FILTER LEAK TEST PASSED, PENETRATION DOES NOT EXCEED 0.01 % AT ANY POINT.

REFERENCE STANDARD NATIONAL SANITATION FOUNDATION #49-2002

TESTING INSTRUMENTS

ALNOR 8570, 99057017
ALNOR 8570, 99057020
ALNOR 550, 2664
ATI TDA-2G, 11119
UVC-254, C.83961

CALIBRATED

10-04-05
6-06-05
10-04-05
10-04-05
12-15-05

NIST # ID # USED

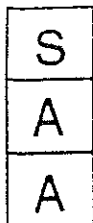
822/264157 **A1**
822/249620 **A2**
822/264157 **A3**
822/264157 **A4**
UVL2541335 U1:

COMMENTS:

☒ NO ADJUSTMENTS REQUIRED AT THIS TIME. ☐ HOOD FAILED.
☒ ADJUSTED **(ZEROED)** MAGNEHELIC GAUGE. ☒ ALARM OPERATING PROPERLY.
☐ UB BULB INTENSITY GOOD / FAIR / POOR. ☒ EXHAUST OPERATING PROPERLY.
☐ INCREASED / DECREASED MOTOR BLOWER SPEED TO REBALANCE AIRFLOW.

CERTIFIER:

Paul O'Neill



Scientific Air Analysis, Inc.

47 Fatima Drive
Ashland, MA 01721
(508) 881-7100
(508) 881-7105 FAX
1-800-287-5252 MA ONLY

BIOLOGICAL SAFETY CABINET SERVICE REPORT

CLIENT: *Ameri Dose*

ADDRESS:

CITY, STATE:

CONTACT:

TEL #:

TEST DATE:

RECALL DATE:

TEST #: *10756*

ID #: *#6*

MODEL #: *SG 603A*

SERIAL #: *88018*

LOCATION: *CLN Rm.*

NEW/USED: *New*

PASS/FAIL: *PASS*

SUPPLY AIRFLOWS

SUPPLY RANGE: *N/A* FPM

50-60 SR: *48 54 54 56 56 52 59 58* *55*
50-60 SC: *52 58 54 62 54 48 54 55* *55*
47-57 SF: *53 56 61 55 53 58 54 50* *55*

L: *48* H: *62* AVG FPM: *55*

AIRFLOW GAUGE: *.295*

UV BULB INT: *—* UW/CM2

EXHAUST AIRFLOWS

EXHAUST RANGE: *253-280* FPM

DUCTED: *NO*
R1: *254 250 266* EXH OP *1.46* FT2
R2: *269 247 254* ACC OP *3.89* FT2
R3: *283 271 270*
R4: *269 290 265* EXH CFM: *388*

EL *247* EH: *290* EXH AVG FPM: *266*

FACE VELOCITY: *105*

MOTOR SPEED: *40* %

TEST RESULTS

DOWNFLOW VELOCITY PASSED, AVG FPM OF *55, 55, 55* IS WITHIN ACCEPTANCE RANGE OF: *—* FPM. ALL INDIVIDUAL READINGS ARE WITHIN 20% OF DOWNFLOW AVERAGE.

FACE VELOCITY PASSED, AVG FPM OF: *105* IS WITHIN ACCEPTANCE RANGES OF: *100-110* FPM.

AIRFLOW SMOKE PATTERNS PASSED, NO SMOKE ESCAPED FROM THE CABINET, THERE ARE NO DEAD SPOTS OR REFLUX OVER THE WORK SURFACE.

FILTER LEAK TEST PASSED, PENETRATION DOES NOT EXCEED 0.01 % AT ANY POINT.

REFERENCE STANDARD NATIONAL SANITATION FOUNDATION #49-2002

TESTING INSTRUMENTS

ALNOR 8570, 99057017

ALNOR 8570, 99057020

ALNOR 550, 2664

ATI TDA-2G, 11119

UVC-254, C.83961

CALIBRATED

10-04-05

6-06-05

10-04-05

10-04-05

12-15-05

NIST # ID # USED

822/264157

A1:

822/249620

A2:

822/264157

A3:

822/264157

A4:

UVL2541335 U1:

COMMENTS:

☒ NO ADJUSTMENTS REQUIRED AT THIS TIME.

☐ HOOD FAILED.

☒ ADJUSTED / *ZEROED* MAGNEHELIC GAUGE.

☒ ALARM OPERATING PROPERLY.

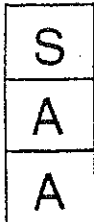
☐ UV BULB INTENSITY GOOD / FAIR / POOR.

☒ EXHAUST OPERATING PROPERLY.

☐ INCREASED / DECREASED MOTOR BLOWER SPEED TO REBALANCE AIRFLOW.

CERTIFIER:

Paul O'Neill



Scientific Air Analysis, Inc.

47 Fatima Drive
Ashland, MA 01721
(508) 881-7100
(508) 881-7105 FAX
1-800-287-5252 MA ONLY

+5 LPM

BIOLOGICAL SAFETY CABINET SERVICE REPORT

CLIENT: *AMEALDOSE* TEST #: *10807*
ADDRESS: ID #: *5*
CITY, STATE: MODEL #: *SG603A*
CONTACT: SERIAL #: *88012*
TEL #: LOCATION: *Classroom*
TEST DATE: *7-6-06* NEW/USED: *New*
RECALL DATE: *7-31-07* PASS/FAIL: *PASS*

SUPPLY AIRFLOWS

SUPPLY RANGE: *—* FPM

SR: *56 58 61 54 52 56 58 58* *57*
SC: *54 53 55 58 52 58 53 53* *55*
SF: *44 51 52 52 51 59 58 54* *54*

L: *49* H: *59* AVG FPM: *N/A*

AIRFLOW GAUGE: *.30*

UV BULB INT: *N/A* UW/CM2

EXHAUST AIRFLOWS

EXHAUST RANGE: *253-280* FPM

DUCTED: *N/D*
EXH OP: *1.46* FT2
ACC OP: *3.89* FT2
EXH CFM: *402*

EL: *269* EH: *288* EXH AVG FPM: *275*

FACE VELOCITY: *108*

MOTOR SPEED: *45* %

TEST RESULTS

DOWNFLOW VELOCITY PASSED, AVG FPM OF: *57, 55, 54* IS WITHIN ACCEPTANCE
RANGE OF: *—* FPM. ALL INDIVIDUAL READINGS ARE WITHIN 20% OF DOWNFLOW AVERAGE.

FACE VELOCITY PASSED, AVG FPM OF: *108* IS WITHIN ACCEPTANCE
RANGES OF: *100-110* FPM.

AIRFLOW SMOKE PATTERNS PASSED, NO SMOKE ESCAPED FROM THE CABINET, THERE ARE NO DEAD SPOTS OR REFLUX OVER THE WORK SURFACE.

FILTER LEAK TEST PASSED, PENETRATION DOES NOT EXCEED 0.01 % AT ANY POINT.

REFERENCE STANDARD NATIONAL SANITATION FOUNDATION #49-2002

TESTING INSTRUMENTS

ALNOR 8570, 99057017
ALNOR 8570, 99057020
ALNOR 550, 2664
ATI TDA-2G, 11119
UVC-254, C.83961

CALIBRATED

10-04-05
6-06-05
10-04-05
10-04-05
12-15-05

NIST # ID # USED

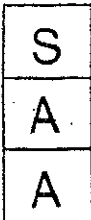
822/264157 *A1*
822/249620 *A2*
822/264157 *A3*
822/264157 *A4*
UVL2541335 U1:

COMMENTS:

- ☒ NO ADJUSTMENTS REQUIRED AT THIS TIME. ☐ HOOD FAILED.
☒ ADJUSTED ~~ZEROED~~ MAGNEHELIC GAUGE. ☒ ALARM OPERATING PROPERLY.
☐ UB BULB INTENSITY GOOD / FAIR / POOR. ☒ EXHAUST OPERATING PROPERLY.
☐ INCREASED / DECREASED MOTOR BLOWER SPEED TO REBALANCE AIRFLOW.

CERTIFIER:

Steve O'Hare



Scientific Air Analysis, Inc.

47 Fatima Drive
Ashland, MA 01721
(508) 881-7100
(508) 881-7105 FAX
1-800-287-5252 MA ONLY

ts PPM

BIOLOGICAL SAFETY CABINET SERVICE REPORT

CLIENT: **AMERIDOSC**
ADDRESS:
CITY, STATE:
CONTACT:
TEL #:
TEST DATE: **7-6-06**
RECALL DATE: **7-21-07**

TEST #: **10806**
ID #: **4**
MODEL #: **SG603A**
SERIAL #: **88029**
LOCATION: **CLEARoom**
NEW/USED: **New**
PASS/FAIL: **PASSED**

SUPPLY AIRFLOWS

SUPPLY RANGE: **N/A** FPM

SR: **53 50 51 54 56 55 52 49** **53**
SC: **53 58 55 58 56 52 56 53** **55**
SF: **49 52 53 55 51 54 58 53** **53**

L: **49** H: **58** AVG FPM: **N/A**

AIRFLOW GAUGE: **.30**

UV BULB INT: **N/A** UW/CM2

EXHAUST AIRFLOWS

EXHAUST RANGE: **253-280** FPM

DUCTED: **NO**
R1: **264 273 271** EXH OP: **1.46** FT2
R2: **260 283 264** ACC OP: **3.89** FT2
R3: **258 273 271**
R4: **264 264 264** EXH CFM: **391**

EL: **258** EH: **283** EXH AVG FPM: **268**

FACE VELOCITY: **106**

MOTOR SPEED: **45** %

TEST RESULTS

DOWNFLOW VELOCITY PASSED, AVG FPM OF: **53, 55, 53** IS WITHIN ACCEPTANCE
RANGE OF: **N/A** FPM. ALL INDIVIDUAL READINGS ARE WITHIN 20% OF DOWNFLOW
AVERAGE.

FACE VELOCITY PASSED, AVG FPM OF: **106** IS WITHIN ACCEPTANCE
RANGES OF: **100-110** FPM.

AIRFLOW SMOKE PATTERNS PASSED, NO SMOKE ESCAPED FROM THE CABINET, THERE
ARE NO DEAD SPOTS OR REFLUX OVER THE WORK SURFACE.

FILTER LEAK TEST PASSED, PENETRATION DOES NOT EXCEED 0.01 % AT ANY POINT.

REFERENCE STANDARD NATIONAL SANITATION FOUNDATION #49-2002

TESTING INSTRUMENTS

ALNOR 8570, 99057017
ALNOR 8570, 99057020
ALNOR 550, 2664
ATI TDA-2G, 11119
UVC-254, C.83961

CALIBRATED

10-04-05
6-06-05
10-04-05
10-04-05
12-15-05

NIST # ID # USED

822/264157 **A1**
822/249620 **A2**
822/264157 **A3**
822/264157 **A4**
UVL2541335 U1:

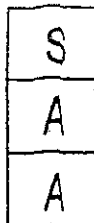
COMMENTS:

[☒] NO ADJUSTMENTS REQUIRED AT THIS TIME. [☐] HOOD FAILED.
[☒] ADJUSTED / ZEROED MAGNETIC GAUGE. [☒] ALARM OPERATING PROPERLY.
[☐] UV BULB INTENSITY GOOD / FAIR / POOR. [☒] EXHAUST OPERATING PROPERLY.
[☐] INCREASED / DECREASED MOTOR BLOWER SPEED TO REBALANCE AIRFLOW.

CERTIFIER:

Steve O'Hara

50-60
50-60
42-57



Scientific Air Analysis, Inc.

47 Fatima Drive
Ashland, MA 01721
(508) 881-7100
(508) 881-7105 FAX
1-800-287-5252 MA ONLY

BIOLOGICAL SAFETY CABINET SERVICE REPORT

CLIENT: Ameri Dose

ADDRESS:

CITY, STATE:

CONTACT:

TEL #:

TEST DATE: 7-6-06

RECALL DATE: 9-31-07

TEST #: 10755

ID #: #3

MODEL #: SG 603A

SERIAL #: 88026

LOCATION: CLN Rm.

NEW/USED: New

PASS/FAIL: Pass

SUPPLY AIRFLOWS

SUPPLY RANGE: N/A FPM

50-60

SR: 53 49 56 58 55 61 55 57 55

50-60

SC: 50 47 54 52 59 56 54 57 54

47-57

SF: 53 56 48 52 49 56 52 58 53

L: 47 H: 61 AVG FPM: 54

AIRFLOW GAUGE: .30

UV BULB INT: N/A UW/CM2

EXHAUST AIRFLOWS

EXHAUST RANGE: 253-280 FPM NO

DUCTED:

R1: 249 244 256 EXH OP: 1.46 FT2

R2: 259 268 259 ACC OP: 3.89 FT2

R3: 266 284 277

R4: 273 262 286 EXH CFM: 387

EL 244 EH: 286 EXH AVG FPM: 265

FACE VELOCITY: 104

MOTOR SPEED: 40 %

TEST RESULTS

DOWNFLOW VELOCITY PASSED, AVG FPM OF 55, 54, 53 IS WITHIN ACCEPTANCE RANGE OF: — FPM. ALL INDIVIDUAL READINGS ARE WITHIN 20% OF DOWNFLOW AVERAGE.

FACE VELOCITY PASSED, AVG FPM OF: 104 IS WITHIN ACCEPTANCE RANGES OF: 100-110 FPM.

AIRFLOW SMOKE PATTERNS PASSED, NO SMOKE ESCAPED FROM THE CABINET, THERE ARE NO DEAD SPOTS OR REFLUX OVER THE WORK SURFACE.

FILTER LEAK TEST PASSED, PENETRATION DOES NOT EXCEED 0.01 % AT ANY POINT.

REFERENCE STANDARD NATIONAL SANITATION FOUNDATION #49-2002

TESTING INSTRUMENTS

ALNOR 8570, 99057017

ALNOR 8570, 99057020

ALNOR 550, 2664

ATI TDA-2G, 11119

UVC-254, C.83961

CALIBRATED

10-04-05

6-06-05

10-04-05

10-04-05

12-15-05

NIST # ID # USED

822/264157 A1:

822/249620 A2:

822/264157 A3:

822/264157 A4:

UVL2541335 U1:

COMMENTS:

☒ NO ADJUSTMENTS REQUIRED AT THIS TIME.

☐ HOOD FAILED.

☒ ADJUSTED (ZEROED) MAGNETIC GAUGE.

☒ ALARM OPERATING PROPERLY.

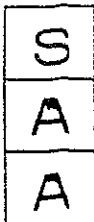
☐ UV BULB INTENSITY GOOD / FAIR / POOR.

☒ EXHAUST OPERATING PROPERLY.

☐ INCREASED / DECREASED MOTOR BLOWER SPEED TO REBALANCE AIRFLOW.

CERTIFIER:

Paul O'Neill



Scientific Air Analysis, Inc.

+ 5 FPM

47 Fatima Drive
Ashland, MA 01721
(508) 881-7100
(508) 881-7105 FAX
1-800-287-5252 MA ONLY

BIOLOGICAL SAFETY CABINET SERVICE REPORT

CLIENT: **AMERIDOSE** TEST #: **10805**
ADDRESS: ID #: **2**
CITY, STATE: MODEL #: **SG603A**
CONTACT: SERIAL #: **88019**
TEL #: LOCATION: **CLEANROOM**
TEST DATE: **7-6-06** NEW/USED: **NEW**
RECALL DATE: **7-31-07** PASS/FAIL: **PASSED**

SUPPLY AIRFLOWS

EXHAUST AIRFLOWS

SUPPLY RANGE: **—** FPM

EXHAUST RANGE: **253-280** FPM

50-60

SR: **54 52 53 53 52 54 50 52**

R1: **264 275 273**

DUCTED: **N/D**

50-60

SC: **49 56 52 51 54 53 52 57**

R2: **257 269 263**

EXH OP: **1.46** FT2

47-57

SF: **48 52 45 49 52 53 54 55**

R3: **267 278 275**

ACC OP: **3.89** FT2

R4: **269 270 263**

EXH CFM: **392**

L: **45** H: **59** AVG FPM: **N/A**

EL: **257** EH: **278** EXH AVG FPM: **269**

AIRFLOW GAUGE: **.225**

FACE VELOCITY: **106**

UV BULB INT: **N/A** UW/CM2

MOTOR SPEED: **45** %

TEST RESULTS

DOWNFLOW VELOCITY PASSED, AVG FPM OF: **53, 53, 52** IS WITHIN ACCEPTANCE
RANGE OF: **—** FPM. ALL INDIVIDUAL READINGS ARE WITHIN 20% OF DOWNFLOW
AVERAGE.

FACE VELOCITY PASSED, AVG FPM OF: **106** IS WITHIN ACCEPTANCE
RANGES OF: **100-110** FPM.

AIRFLOW SMOKE PATTERNS PASSED, NO SMOKE ESCAPED FROM THE CABINET, THERE
ARE NO DEAD SPOTS OR REFLUX OVER THE WORK SURFACE.

FILTER LEAK TEST PASSED, PENETRATION DOES NOT EXCEED 0.01 % AT ANY POINT.

REFERENCE STANDARD NATIONAL SANITATION FOUNDATION #49-2002

TESTING INSTRUMENTS

CALIBRATED

NIST # ID # USED

ALNOR 8570, 99057017

10-04-05

822/264157 **A1**

ALNOR 8570, 99057020

6-06-05

822/249620 **A2**

ALNOR-550, 2664

10-04-05

822/264157 **A3**

ATI TDA-2G, 11119

10-04-05

822/264157 **A4**

UVC-254, C.83961

12-15-05

UVL2541335 **U1**

COMMENTS:

- [☒] NO ADJUSTMENTS REQUIRED AT THIS TIME. [☐] HOOD FAILED.
[☒] ADJUSTED **(ZEROED)** MAGNEHELIC GAUGE. [☒] ALARM OPERATING PROPERLY.
[☐] UB BULB INTENSITY GOOD / FAIR / POOR. [☒] EXHAUST OPERATING PROPERLY.
[☐] INCREASED / DECREASED MOTOR BLOWER SPEED TO REBALANCE AIRFLOW.

CERTIFIER:

Steve O'Hare

REPACKAGING RECORD

Medication _____ Strength _____ TRACKING # _____

Manufacturer _____ Manufacturer's Lot# _____ Manufacturer's Exp Date: _____

Color/Form _____ ID Inscription _____ Customer _____

Date Received _____ Quantity Received _____ Tech Signature _____

| | | |
|---|--------------------------|--|
| REPACKAGING DOCUMENTATION: Quantity Repackaged: | Attach Repackaged Sample | <input type="checkbox"/> Inspection of Product <input type="checkbox"/> Inspection of Label <input type="checkbox"/> Label Verified by: _____ <input type="checkbox"/> Clean Feed Table or Tubing for Liquid Repackaging <input type="checkbox"/> Confirm Screen <input type="checkbox"/> Repeater Pump Calibrated for Liquid Repackaging. Verified By: _____ |
| | | Repackaging Machine # _____ Repackaging Tech Signature: _____ |

Repackaging Tech Comments:
 Difference in Quantity Explained:

| | |
|---|--|
| VERIFICATION DOCUMENTATION: <input type="checkbox"/> Inspection of Product <input type="checkbox"/> Inspection of Label <input type="checkbox"/> Inspection of Blister <input type="checkbox"/> Inspection of Foil <input type="checkbox"/> 100% Verified Correct | Verification Tech Signature: _____ |
| Verification Comments: _____ | |
| QUALITY ASSURANCE DOCUMENTATION: <input type="checkbox"/> Inspection of Product <input type="checkbox"/> Inspection of Label <input type="checkbox"/> Inspection of Blister <input type="checkbox"/> Inspection of Foil <input type="checkbox"/> Inspection of Completed Repackaging Record | Quality Assurance Officer Signature: _____ |
| QA Comments: _____ | |

| | | |
|---|--------------------------------------|--|
| SHIPPING DOCUMENTATION: <input type="checkbox"/> Packaged per SOP <input type="checkbox"/> Med Package Insert <input type="checkbox"/> Invoice <input type="checkbox"/> Package Slip | Date and Time Shipped: _____ | Shipping Tech Signature: _____ |
| Shipping Comments: _____ | | |

REPACKAGING RECORD

Medication _____ Strength _____ TRACKING # _____

Manufacturer _____ Manufacturer's Lot# _____ Manufacturer's Exp Date: _____

Color/Form _____ ID Inscription _____ Customer _____

Date Received _____ Quantity Received _____ Tech Signature _____

| | | |
|---|-----------------------------------|--|
| REPACKAGING DOCUMENTATION: Quantity Repackaged: _____ | Attach Repackaged Sample | <input type="checkbox"/> Inspection of Product <input type="checkbox"/> Inspection of Label <input type="checkbox"/> Label Verified by: _____ <input type="checkbox"/> Clean Feed Table or Tubing for Liquid Repackaging <input type="checkbox"/> Confirm Screen <input type="checkbox"/> Repeater Pump Calibrated for Liquid Repackaging. Verified By: _____ |
| | | Repackaging Machine # _____ |
| | Repackaging Tech Signature: _____ | |

Repackaging Tech Comments:
 Difference in Quantity Explained: _____

| | |
|---|---|
| VERIFICATION DOCUMENTATION: <input type="checkbox"/> Inspection of Product <input type="checkbox"/> Inspection of Label <input type="checkbox"/> Inspection of Blister <input type="checkbox"/> Inspection of Foil <input type="checkbox"/> 100% Verified Correct | Verification Tech Signature: _____ _____ |
| Verification Comments: _____ | |
| QUALITY ASSURANCE DOCUMENTATION: <input type="checkbox"/> Inspection of Product <input type="checkbox"/> Inspection of Label <input type="checkbox"/> Inspection of Blister <input type="checkbox"/> Inspection of Foil <input type="checkbox"/> Inspection of Completed Repackaging Record | Quality Assurance Officer Signature: _____ _____ |
| QA Comments: _____ | |

| | | |
|---|---|---|
| SHIPPING DOCUMENTATION: <input type="checkbox"/> Packaged per SOP <input type="checkbox"/> Med Package Insert <input type="checkbox"/> Invoice <input type="checkbox"/> Package Slip | Date and Time Shipped: _____ _____ | Shipping Tech Signature: _____ _____ |
|---|---|---|

Shipping Comments: _____

Registered Technicians ROSTER (List or see attached Roster)

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Inspection Findings

- 1) _____
- 2) _____
- 3) _____

Statutes / Regulations Cited:

A = 21 USC

B = 247 CMR

C = 105 CMR D = 94CL

E = MGL 112 SEC 61

F = MGL C138 S 15L

G = MGL C 138 S 30 A

Licensee Signature: _____

Date: _____

License No: 20217

Investigator's Signature: _____

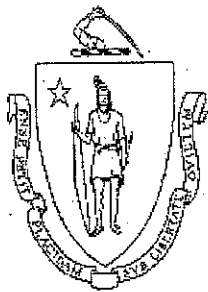
Date: _____

J. P. [Signature]
7/13/06

Supervisor's Signature _____

Date: _____

3467



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Division of Health Professions Licensure
239 Causeway Street, 2nd Floor, Boston, MA 02114

MITT ROMNEY
GOVERNOR

KERRY HEALEY
LIEUTENANT GOVERNOR

TIMOTHY R. MURPHY
PAUL J. COTE, JR.
COMMISSIONER

JEAN K. PONTIKAS
DIRECTOR

REQUEST FOR STAFF ASSIGNMENT

Send letter to complainant: ☐ Board to send letter to complainant of outcome: ☐

(To be filed Out by Requestor)

BOARD NAME (entire): PHARMACY

REQUESTED BY : James D. Coffey, Assoc. Dir. Date: 05/12/06

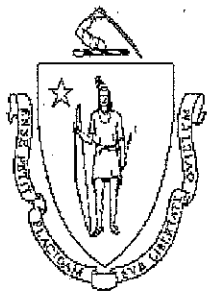
APPROVED BY: _____ DATE ASSIGNED: _____

INVESTIGATOR ASSIGNED: _____

Summary of Assignment: _____ To conduct a controlled premises initial inspection of Ameridose, LLC proposed to be located at 50 Fountain Street, Framingham, MA 01702 pursuant to a **NEW PREMISES** application. The proposed Manager of Record of such pharmacy is Sophia Pasedis, R.Ph., (Lic. No. 20217). The contact person for such inspection is Sophia Pasedis, R.Ph., MOR (508-656-2653). The proposed opening date is not indicated on the application. (Investigator shall ensure that a **designated counseling area** is provided prior to related approval and that pharmacy is to comply with company policies for counseling. Please distribute the Boards Best Practices to the proposed Manager of Record. ****It should be noted that the Board APPROVED the requested WAIVER 6.02(4).**

The "original" inspection report shall be forwarded to the Board to be attached to the application for licensure prior to granting a final permit number.

(To Be Filed Out By Admin. Staff)



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Division of Health Professions Licensure
239 Causeway Street, 2nd Floor, Boston, MA 02114

Assignment Number: _____ BD Code: _____ FY: _____ NO: _____

(To be filed out by Investigator)

Complainant Name: _____

Phone #: _____

Subject of Assignment: _____

Lic #: _____

Home Address: _____

Phone #: _____

City, State, Zip: _____

Business Name: _____

Lic #: _____

Address: _____

Phone: _____

City, State, Zip: _____

DISPOSITION:

Investigators Initials: _____

Date Completed: _____ Time Utilized: _____ hrs
minutes

Additional Information attached: ☐ Yes ☐ No

Supervisor's signature: _____ Date: _____

Received

APR 25 2006

BOARD OF
PHARMACY

Application for Registration to Manage and Operate a New Community Pharmacy

Ameridose, LLC
50 Fountain Street
Framingham, MA 01702
508-656-2653
fax 508-872-0044

Ameridose...Enhancing Public Health, Welfare and Safety



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Division of Health Professions Licensure

MITT ROMNEY
GOVERNOR

KERRY HEALEY
LIEUTENANT GOVERNOR

TIMOTHY R. MURPHY
SECRETARY

PAUL J. COTE, JR.
COMMISSIONER

JEAN K. PONTIKAS
DIRECTOR

Board of Registration in Pharmacy
239 Causeway Street, Suite 200, 2nd Floor
Boston, MA 02114
(800) 414-0168 (office) / 617-973-0983 (fax)
<http://www.mass.gov/reg/boards/ph>

APPLICATION FOR REGISTRATION TO MANAGE AND OPERATE
A NEW COMMUNITY PHARMACY

(1) In order to be registered by the Board to manage and operate a pharmacy or pharmacy department and be issued a permit to do so, the registered pharmacist who shall be responsible for the management and operation of the pharmacy or pharmacy department shall obtain and submit to the Board an application for registration to manage and operate a pharmacy or pharmacy department available from the Board. A completed application shall be:

- (a) fully and properly completed and signed, under the penalties of perjury, by the pharmacist who is to manage and operate the pharmacy or pharmacy department; ✓
- (b) accompanied by a statement of the scheduled hours during which the pharmacy or pharmacy department is to remain open, including the time of opening and closing during regular business hours for each day of the week; **Attachment "D"** ✓
- (c) accompanied by an application, available from the Board, for a Massachusetts controlled substance registration; ✓
- (d) accompanied by an application, available from the Board, for a certificate of fitness, if applicable; ✓
- (e) accompanied by a check or money order made payable, in the proper amount, to the "Commonwealth of Massachusetts Board of Registration in Pharmacy"; and ✓
- (f) accompanied by any additional information as determined by the Board. ✓
- (g) accompanied by an official blueprint or certified architectural plans drawn to scale clearly designating both the prescription and patient consultation areas (pharmacy department shall be outlined in RED). ✓

(2) A completed application to operate a pharmacy shall include:

- (a) a copy of the corporation's Articles of Organization, signed and sealed by the Secretary of State if the corporation is incorporated in the Commonwealth; ✓

(b) a copy of the corporation's Foreign Corporation Certificate, signed and sealed by the Secretary of State pursuant to M.G.L. c. 181, § 4, if the corporation is incorporated in another state; n/a

(c) a statement of the name and address of each officer and director of the corporation and the position held; ✓

(d) the d/b/a name of the corporation; and n/a

(f) if the corporation is not publicly owned, the total amount and type of stock issued to each stockholder and the names and addresses of said stockholder(s). ✓

(3) The Board shall not register nor permit ownership of a pharmacy or pharmacy department by a practitioner with prescriptive privileges. ✓

(4) Before acting upon any application for registration to manage and operate a pharmacy or pharmacy department, the Board may require a hearing and, if requested to do so, the applicant shall personally appear before the Board to answer questions to enable the Board to determine that issuance of a permit would be in the best interests of the public health, welfare and safety as set forth in M.G.L. c. 112, § 39. ✓

(5) The Board may require an inspection of the pharmacy or pharmacy department before final approval of the application is granted. All proposed pharmacies and pharmacy departments shall comply with the following requirements: ✓

(a) No application for registration to manage and operate a pharmacy or pharmacy department shall be approved unless, upon inspection, the following is maintained on the pharmacy premises: ✓

1. a current copy or electronic version of the Massachusetts List of Interchangeable Drugs (MLID), including the Orange Book, Additional List, Exception List, and the latest supplements thereto; ✓

2. a current copy or electronic version (with quarterly updates) of a compendia appropriate to the practice setting approved by the pharmacist manager of record. ✓

3. a current copy or electronic version of Board Regulations 247 CMR 1.00 et seq.; ✓

4. a balance capable of accurately weighing quantities as small as 13 milligrams, which balance shall be tested and sealed by the state or local sealer of weights and measures annually; ✓

5. the equipment necessary to conduct the practice of pharmacy according to the standards set forth by most current edition of the United States Pharmacopoeia; ✓

6. prescription labels which bear the name and address of the proposed pharmacy; ✓

7. appropriate sanitary appliances, including a suitable sink which shall be equipped for hot and cold running water and which shall be situated in or near the area in which prescriptions are to be filled; ✓

8. whenever applicable, at least one bound book for recording sales of controlled substances which may be sold over-the-counter without a prescription; and ✓

9. whenever applicable, at least one book for recording sales of alcoholic beverages and signatures of the purchasers of these beverages. ✓

(b) There shall be within every pharmacy or pharmacy department a prescription area of not less than 300 square feet to accommodate the appropriate pharmaceutical equipment, apparatus, and supplies, and to facilitate the proper preparation and compounding of prescribed medications. This area shall provide for an arrangement and storage of drugs that is calculated to prevent their accidental misuse. ✓

(c) Any pharmacy or pharmacy department which establishes a central intravenous admixture service (CIVAS) shall, in addition to the 300 square feet required by 247 CMR 6.01(6)(b), provide for a separate room referred to as a "clean room" apart from all other areas of the pharmacy or pharmacy department. This clean room shall meet the following requirements: ✓

1. There shall be a minimum working area of 72 square feet; ✓

2. it shall be closed on all sides except for a door and an opening to allow for the passage of materials; ✓

3. it shall have a laminar flow hood with either vertical or horizontal air flow; ✓

4. the laminar flow hood standards of operation of HEPA (High Energy Particulate Air) filters and prefilters must be determined and certification shall be made annually by a Board-approved hood certification service; ✓

5. the Board shall be notified before beginning operation of the clean room to verify hood certification; ✓

6. the area of the clean room shall be under continual positive pressure unless the hood is self-venting; and ✓

7. applications for construction of a pharmacy with a clean room received after September 30, 1996 shall show the clean room located directly adjacent to the prescription area/department. ✓

(d) Patient Consultation Area.

1. A pharmacy must provide a designated consultation area, with signage stating "Patient Consultation Area", designed to provide adequate privacy for confidential visual and auditory patient counseling. The private consultation area must be accessible by a patient from the outside of the prescription dispensing area without having to traverse a stockroom or the prescription dispensing area. ✓

2. 247 CMR 6.01(5)(d) shall be effective for all new or relocating pharmacies on April 1, 2005. All existing pharmacies must comply with 247 CMR 6.01(5)(d) by January 1, 2007. ✓

(6) The Board shall issue a permit indicating the pharmacy or pharmacy department's registration number if the Board finds, in its reasonable discretion, that approving the application would be consistent with the best interest of public health, welfare and safety. ✓

(7) All fees submitted to the Board in connection with an application for registration to operate a pharmacy or pharmacy department, which are reviewed and acted upon by the Board, are nonrefundable. ✓

Please be advised that no pharmacy and pharmacy department shall begin to operate until the application has been approved by the Board and: 1) the pharmacist Manager of Record has received from the Board a permit number to manage and operate the pharmacy and or pharmacy department, and 2) has received a controlled substances registration number.

For complete information regarding relocation regulations, please refer to 247 CMR 6.01 & 6.02. If additional information is necessary, please contact the Board office at (800) 414-0168.

To obtain a DEA number, please contact the Drug Enforcement Administration (DEA) office for an application. The address is: J.F.K. Federal Building

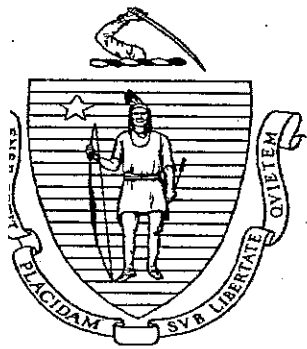
Drug Enforcement Administration

Room E400

15 New Sudbury Court

Boston, MA 02203-0131

(617) 557-2200



**The Commonwealth of Massachusetts
Executive Office of Health and Human Service
Department of Public Health
Division of Health Professions Licensure**

**Board of Registration in Pharmacy
239 Causeway Street, Suite 200, 2nd Floor
Boston, MA 02114
(800) 414-0168 (office) / 617-973-0983 (fax)
<http://www.mass.gov/reg/boards/ph>**

APPLICATION FOR A NEW STORE

**MTT ROMNEY
GOVERNOR
KERRY HEALEY
LIEUTENANT GOVERNOR
TIMOTHY R. MURPHY
SECRETARY
PAUL J. COTE, JR.
COMMISSIONER
JAMES P. KAS
DIRECTOR**

Received

APR 25 2006

**BOARD OF
PHARMACY**

I hereby apply for a permit to operate a store for the transaction of retail drug business in accordance with the provisions of Chapter 112, General Laws.

\$351.00 licensure / application fee. Make check or money order for \$351.00 payable to the Commonwealth of Massachusetts. **This fee is non-refundable.**

1. Legal Name of Business. **Ameridose, LLC**
2. Full Business Address (Street Address, City, State and Zip). **50 Fountain Street, Framingham, MA 01702**
3. Area Code and Telephone Number. **508-656-2653**
4. All trade or business names ("D.B.A." names) used by same Corporation or by License. **Ameridose, LLC**
5. Type of ownership or operation (i.e., sole proprietorship, partnership, corporation). **Limited Liability Company (LLC)**
If corporation, please submit articles of corporation. **Please see Attachment "A"**
5. Names(s) and Social Security Number(s) of the owner(s) and/or operator(s) of the licensee. *Please indicate type of ownership - Partnerships: the name of each partner and name address of partnership;*

Corporations: the name and title of each corporate officer and director, the corporate names, name and address of parent company, if any, and the State of incorporation; Sole Proprietorship: the name of the sole proprietor and the address of the business entity. Please see Attachment "B"

7. Name of registered pharmacist charged with the management of the pharmacy. **Sophia Pasedis, RPh, PharmD.**
8. Registration number of above manager. **20217**
9. Name(s) and registration number(s) of staff pharmacist(s) employed at pharmacy. **Sophia Pasedis, RPh, PharmD.**
10. Have any of the applicant(s) and/or managers-in-charge had: 1) any convictions related to the distribution of drugs (including samples); 2) any felony convictions; 3) any suspension(s) or revocation(s) or other sanction(s) by federal, state or local governmental agency of any license or registration currently or previously held by the applicant or license for the manufacture, distribution, or dispensing of any drugs, including controlled substances? **NO**

Have any applications for licensure been denied by any federal or state agency including any state board of pharmacy? **NO**

List and explain. Attach additional sheets if necessary. **N/A**

11. The applicant/licensee must notify the Board in writing of any changes in ownership or management within thirty (30) days of such change(s).
12. Social Security Number (Mandatory) [REDACTED]
Pursuant to M.G.L. c. 62C, s. 47A, the Division of Registration is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

List any licenses/certifications you hold in the United States or any country or foreign jurisdiction and the state/jurisdiction from which the license/certification was originally issued. Please attach a certificate of standing from each state or jurisdiction in which you are licensed/certified, indicating the status of your license and any relevant disciplinary information. **Massachusetts Registered Pharmacist License #20217, Attachment "C."**

14. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☒
If yes, please state the details (use a separate sheet if necessary). **N/A**
15. Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☒
If yes, please state the details (use a separate sheet if necessary). **N/A**
16. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☒
If yes, please state the details (use a separate sheet if necessary). **N/A**
17. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☒
If yes, please state the details (use a separate sheet if necessary). **N/A**

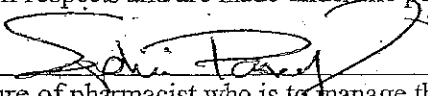
18. Pursuant to Board Regulations at 247CMR § 6.01(3), **The Board shall not register nor permit ownership of a pharmacy or pharmacy department by a practitioner with prescriptive privileges.** By signing this application the applicant certifies that none of the owners, directors or officers have prescriptive privileges.

Affidavit (must be completed and notarized)

Pursuant to M.G.L. c. 62C, s. 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

The applicant certifies that each person employed in any prescription drug distribution activity has the education, training, and experience, or any combination thereof, sufficient for that person to perform the assigned functions in such a manner as to provide assurance that the drug product quality, safety, and security will at all times be maintained as required by law.


I hereby state that I am the person authorized to sign this application for all licensure; that all statements are true and correct in all respects and are made under the penalties of perjury.



Signature of pharmacist who is to manage the pharmacy or pharmacy department

¹⁴
April 5, 2006

Date


Social Security Number of the Manager of Record

Sworn and subscribed before me this 14th day of April, 2006

My commission expires 12/31/2010. Carrie Lee Peterson
Notary Public

To be completed by the Board: Check \$ 351 Date 4/2/06 Number 6170



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

April 10, 2006

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

AMERIDOSE, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **February 8, 2006.**

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that, said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are:
GREGORY CONIGLIARO, BARRY J. CADDEN

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **GREGORY CONIGLIARO, BARRY J. CADDEN**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **GREGORY CONIGLIARO, BARRY J. CADDEN**



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

AMERIDOSE, LLC
CERTIFICATE OF ORGANIZATION

FEB 08 2006

SECRETARY OF THE COMMONWEALTH OF MASSACHUSETTS
CORPORATION DIVISION

Pursuant to the provisions of the Massachusetts Limited Liability Company Act (the "Act") the undersigned hereby certifies as follows:

1. **Name of the Limited Liability Company.** The name of the limited liability company formed hereby (the "Company") is Ameridose, LLC.
2. **Office of the Limited Liability Company.** The address of the office of the Company in the Commonwealth required to be maintained by Section 5 of the Act is 50 Fountain Street, Framingham, MA 01702.
3. **Agent for Services of Process.** The name and address of the resident agent for services of process for the Company is Gregory Conigliaro, 50 Fountain Street, Framingham, MA 01702.
4. **Date of Dissolution.** The Company is to have no specific date of dissolution.
5. **Manager.** The Managers are:

Gregory Conigliaro
50 Fountain Street
Framingham, MA 01702

Barry J. Cadden
50 Fountain Street
Framingham, MA 01702
6. **Execution of Documents.** Either Manager is authorized to execute any documents to be filed with the Secretary of State of the Commonwealth of Massachusetts.
7. **Business of the Company.**
 - (a) To provide unit dose repackaging services;
 - (b) To exercise all other powers necessary to or reasonably connected with the Company's business that may be legally exercised by limited liability companies under the Act; and
 - (c) To engage in all activities necessary, customary, convenient, or incident to any of the foregoing.
8. **Execution of Documents Relating to Real Property.** Either Manager is authorized

to execute, acknowledge, deliver and record any recordable instrument on behalf of the Company purporting to affect any interest in real property, whether to be recorded with a registry of deeds or a district office of the Land Court.

IN WITNESS WHEREOF, the undersigned hereby affirms under the penalties of perjury that the facts stated herein are true, this 6 day of February, 2006.


Gregory Conigliaro

Check/Voucher # 89

The Commonwealth of Massachusetts
Limited Liability Company
(General Laws, Chapter 156C)

999316

SECRETARY OF THE
COMMONWEALTH

2006 FEB -8 PM 2:42

COMMUNICATIONS DIVISION

Filed this 8 day February, 2006

William Francis Galvin

William Francis Galvin
Secretary of the Commonwealth

Name JONATHAN D TAMKIN

Phone 617 964 2501

Ameridose, LLC

50 Fountain Street, Framingham, MA 01702

Tel: 508-656-2653

Fax: 508.872-0044

TYPE OF OWNERSHIP

Limited Liability Company

Organized in the Commonwealth of Massachusetts

COMPANY OPERATORS/MANAGERS

1. Gregory A. Conigliaro, Manager

[REDACTED]

2. Barry J. Cadden, R. Ph., Manager

[REDACTED]

LLC OWNERS

1. Carla R. Conigliaro

Ownership: 55% membership interest

[REDACTED]

2. Barry J. Cadden, R. Ph.

Ownership: 17.5% membership interest

[REDACTED]

3. Lisa M. Conigliaro Cadden, R. Ph.

Ownership: 17.5% membership interest

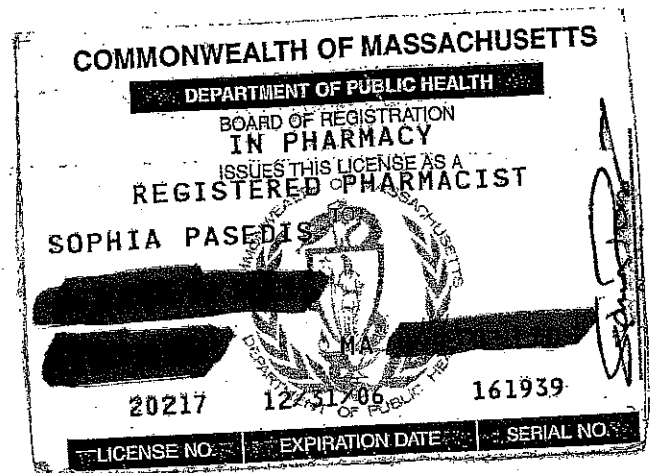
[REDACTED]

4. Gregory A. Conigliaro

Ownership: 10% membership interest

[REDACTED]

Attachment "C"



DPH CONTROL # 0259680

IMPORTANT

If this license becomes lost or destroyed, notify your Board at the: Department of Public Health, 239 Causeway St., 5th Floor, Boston, MA 02114

If your name or address change, notify your Board to insure the proper mailing of your next Renewal Application. Always refer to your license number when corresponding with your Board. This license is subject to the provisions of the General Laws as amended. It is a privilege, and cannot be loaned or assigned to any other entity. Keep this license on your person, posted, or as required by law.

Please visit our web site at: <http://mass.gov/dph/boards>



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Division of Health Professions Licensure

Attachment
"D"

MITT ROMNEY
GOVERNOR
KERRY HEALEY
LIEUTENANT GOVERNOR
TIMOTHY R. MURPHY
SECRETARY
PAUL J. COTE, JR.
COMMISSIONER
JEAN K. PONTIKAS
DIRECTOR

Board of Registration in Pharmacy
239 Causeway Street, Suite 200, 2nd Floor
Boston, MA 02114
(800) 414-0168 (office) / 617-973-0983 (fax)
<http://www.mass.gov/reg/boards/ph>

PHARMACY HOURS

Name of Store: Ameridose, LLC

Street: 50 Fountain Street

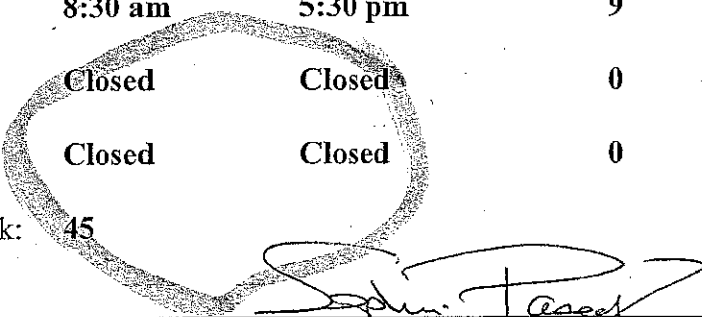
City or Town: Framingham Zip Code: 01702

Phone Number: 508-656-2653

| | Open | Close | Hours |
|-----------|---------|---------|-------|
| Monday | 8:30 am | 5:30 pm | 9 |
| Tuesday | 8:30 am | 5:30 pm | 9 |
| Wednesday | 8:30 am | 5:30 pm | 9 |
| Thursday | 8:30 am | 5:30 pm | 9 |
| Friday | 8:30 am | 5:30 pm | 9 |
| Saturday | Closed | Closed | 0 |
| Sunday | Closed | Closed | 0 |

Total Hours Per Week: 45

April 14, 2006
Date


Signature of Manager of Record or Fully Authorized Representative

Sophia Pasedis, RPh, PharmD.
Print Full Name

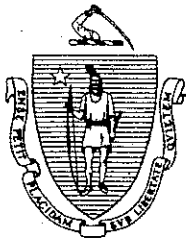
Application for Certificate of Fitness

Received

APR 25 2006

BOARD OF
PHARMACY

Ameridose, LLC
50 Fountain Street
Framingham, MA 01702
508-656-2653
fax 508-872-0044



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Division of Health Professions Licensure

MITT ROMNEY
GOVERNOR

KERRY HEALEY
LIEUTENANT GOVERNOR

TIMOTHY R. MURPHY
SECRETARY

PAUL J. COTE, JR.
COMMISSIONER

JEAN K. PONTIKAS
DIRECTOR

Board of Registration in Pharmacy
239 Causeway Street, Suite 200, 2nd Floor
Boston, MA 02114

(800) 414-0168 (office) / 617-973-0983 (fax)

<http://www.mass.gov/reg/boards/ph>

Received

APR 25 2006

BOARD OF
PHARMACY

APPLICATION FOR A CERTIFICATE OF FITNESS
Manager of Record Must Complete Application. Fee: \$120.00

I, Sophia Pasedis (name), at 508-656-2653 (telephone), of 50 Fountain Street (street address), Framingham (city), MA (state), 01702 (zip code), a registered pharmacist, certificate number 20217 being now actively engaged in conducting a retail drug business as sole owner or Manager of Record for the firm / corporation of Ameridose, LLC do hereby apply for **CERTIFICATE OF FITNESS**, claiming to be a proper person to be entrusted with the authority to:

- 1) Use alcohol for the manufacture of United States Pharmacopeia and National Formulary preparations and all medicinal preparations unfit for beverage purposes,
- 2) Sell, in accordance with the laws of the Commonwealth, alcohol and alcoholic liquors, and that the public good will be promoted by the granting of such license.

I have \$0 (give dollar amount) invested in said retail business and will comply with the laws of this Commonwealth and the regulations of the Board relating to the use and sale of the alcohol and alcoholic liquors.

I certify that I have not been convicted of a violation of said laws within one year prior to the date of this application.

I agree to notify the board at once if I cease to conduct the retail drug business at the above location and will return the certificate issued thereon.

Signed

Date: April 14, 2006

Please submit non-refundable check or money order for \$120.00 payable to the Commonwealth of Massachusetts.

- Please do not write below this line -

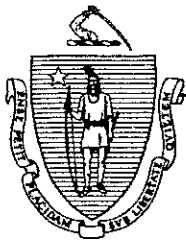
Check 120
Number 980

M.O. _____
Date 5/2/06

Application for Mass. Controlled Substance Registration

Received
APR 25 2006
BOARD OF
PHARMACY

Ameridose, LLC
50 Fountain Street
Framingham, MA 01702
508-656-2653
fax 508-872-0044



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Division of Health Professions Licensure

MITT ROMNEY
GOVERNOR

KERRY HEALEY
LIEUTENANT GOVERNOR

TIMOTHY R. MURPHY
SECRETARY

PAUL J. COTE, JR.
COMMISSIONER

JEAN K. PONTIKAS
DIRECTOR

Board of Registration in Pharmacy
239 Causeway Street, Suite 200, 2nd Floor
Boston, MA 02114

(800) 414-0168 (office) / 617-973-0983 (fax)

<http://www.mass.gov/reg/boards/ph>

Received

APR 25 2006

BOARD OF
PHARMACY

APPLICATION FOR MASS. CONTROLLED SUBSTANCE REGISTRATION
FEE: \$151.00

Cash _____ Check \$ 151
No. 1136 Date 5/2/06 M.O. _____

Please do not write above this line

I here apply for Registration under Mass. Controlled Substances Act-M.G.L. 94C Section 7.

Applicant Name (corporation) Ameridose, LLC

Business Address: 50 Fountain Street
(No. and Street)

Framingham, MA 01702
(City or Town) (State) (Zip Code)

Registration Classification:

(a) ☒ Retail Drug Store (b) _____ Wholesale/Mfg/Dist.

(c) _____ Hospital/Clinic/Inst. (d) _____ Nuclear

FEIN # 20-4253511

Drug Schedule

Schedule II Schedule III (X) Schedule IV (X) Schedule V (X) Schedule VI
(X) Non-Narcotic (X) Non-Narcotic
(X) Narcotic (X) Narcotic

Current drugstore permit No. pending Current Wholesale Druggist License No. n/a

Signature of Applicant *Gregory A. Conflido, Jr.*
(Owner of facility must sign application)

Please submit check or money order for \$151.00 payable to the Commonwealth of Massachusetts.

WARNING:

In accordance with Chapter 94 M.G.L. Sec 13, the Board of Registration in Pharmacy in the case of a retail drug business or wholesale druggist, may suspend or revoke a registration to manufacture, distribute, dispense or possess a controlled substance after a hearing pursuant to the provisions of Chapter 34A and upon finding that the registrant has furnished false or fraudulent information in any application filed under the provisions of Chapter 94C.

Ameridose, LLC

50 Fountain Street, Framingham, MA 01702

508-656-2653, fax 508-872-0044

April 25, 2006

Charles R. Young
Executive Director
Massachusetts Board of Registration in Pharmacy
239 Causeway St
Boston, MA 02113

Received

APR 25 2006

BOARD OF
PHARMACY

Dear Mr. Young,


Please find attached our Application for Registration to Manage and Operate a New Community Pharmacy as well as supporting applications and drawings.

We are confident that our services will fill an urgent need in the Massachusetts healthcare environment and enhance public health, welfare and safety.

I may be reached at 508-656-2633 should you require further information. Thank you for your consideration.

Sincerely,

AMERIDOSE, LLC.


Gregory A. Conigliaro
Manager

Received

APR 25 2006

BOARD OF
PHARMACY

**Petition for a Waiver of the
Provisions of 247 Licensure
of a Pharmacy and or
Pharmacy Department**

Ameridose, LLC
50 Fountain Street
Framingham, MA 01702
508-656-2653
fax 508-872-0044



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Division of Health Professions Licensure

MITT ROMNEY
GOVERNOR

KERRY HEALEY
LIEUTENANT GOVERNOR

TIMOTHY R. MURPHY
SECRETARY

PAUL J. COTE, JR.
COMMISSIONER

JEAN K. PONTIKAS
DIRECTOR

Board of Registration In Pharmacy
239 Causeway Street, Suite 200, Boston, MA 02114
(800) 414-0168 (office) / 617-973-0983 (fax)
<http://www.mass.gov/reg/boards/ph>

Received
APR 25 2006

BOARD OF
PHARMACY
**PETITION FOR A WAIVER OF THE PROVISIONS OF 247
LICENSURE OF A PHARMACY AND OR PHARMACY DEPARTMENT**

Application to be completed by the registered pharmacist who is or shall be responsible for the management and operation of the pharmacy and or pharmacy department.

Pursuant to 247 CMR (14.01), I hereby apply for a special or limited use pharmacy or pharmacy department permit because the type of pharmacy practice is of a special, limited or unusual nature as compared to regular pharmacy services.

Name of pharmacy and or pharmacy department: **Ameridose, LLC**

Location: **50 Fountain Street, Framingham, MA 01702**

Phone number: **508-656-2653**

Contact Person: **Sophia Pasedis, RPh, PharmD**

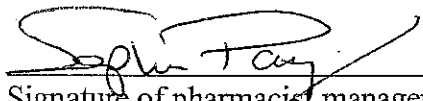
Please use separate sheets to complete the following and attach sheets to application:

1. List the regulatory requirements(s) for which a waiver is requested and provide an explanation as to why each regulation should not apply to the pharmacy/pharmacy department.
2. Explain the compelling public interest that would be served by the granting of a waiver.
3. Explain why adherence to the regulation(s) would be impractical and unduly burdensome.
4. Include a comprehensive statement of the policies and procedures of the proposed operation, including safeguards to protect the public health, welfare and safety.

Before acting upon any petition the Board may require the applicant to personally appear before the Board to answer questions that would enable the Board to determine that the issuance of a permit would be in the best interest of the public health, welfare and safety and adherence to 247 CMR would be unreasonable.

Upon the granting of a waiver and issuance of a special or limited-use permit, the Board will issue a written finding that recites the specific Board regulations(s) which are being waived, the reasons the Board is waiving the regulation(s) at issue, and lists and contingent restrictions under which the pharmacy or pharmacy department may operate.

I declare that the statement and answered herein-contained are true and are made under the pains and penalties of perjury.



Signature of pharmacist manager of record

4-14-06

Date

Petition for a Waiver of the Provisions of 247 Licensure of a Pharmacy and or Pharmacy Department

1. *List the regulatory requirements(s) for which a waiver is requested and provide an explanation as to why each regulation should not apply to the pharmacy/pharmacy department.*

247 CMR 6.02 (4) – The pharmacy or pharmacy department shall maintain on premise at all times a sufficient variety and supply of medicinal chemicals and preparations which are necessary to compound and dispense commonly prescribed medications in accordance with the usual needs of the community

We are requesting a waiver to the above provision. It is our opinion that Ameridose's pharmacy practice is of a special limited or unusual nature compared to the regular retail pharmacy.

2. *Explain the compelling public interest that would be served by the granting of a waiver.*

Ameridose serves the public interest by offering high quality sterile IV admixtures, TPNs and repackaging services to hospital pharmacy departments, clinics and physician's offices - our community. Ameridose will not service the public directly. We do not intend to maintain or dispense all standard prescription medications as may be found in a typical retail pharmacy setting. Rather, we will be a conduit to improved patient care and safety by offering high quality medications to the above entities subject to factors such as beyond use dating and other safety considerations.

The need for our services has spawned from the rapidly changing regulatory environment which the pharmacy departments and clinics are now tasked to manage, including JCAHO and USP requirements. As a result hospitals and clinics are seeking to outsource these critical services. Our trained registered pharmacists and certified technicians will be able to concentrate on preparing the highest quality medications, while our clients will be freed up to focus on the needs and care of their patients, which is what they do best. The services provided by Ameridose to healthcare institutions, clinics and physicians across the Commonwealth is urgently needed and will absolutely enhance public health, welfare and safety.

3. *Explain why adherence to the regulation(s) would be impractical and unduly burdensome.*

The regulation in question is impractical and unduly burdensome in this instance - we will be unable to offer all prescription medications typically found in a retail pharmacy and/or available from a wholesaler. Due to the specialized nature of the equipment, facilities and personnel required to provide our unique IV admixture, TPN and repackaging services, the maintenance and dispensing of typical manufactured medications would be incongruent with our mission.

It should be noted, that there are approximately nineteen (19) standard retail pharmacies currently located in Framingham, MA as well as several wholesalers in-state. As such, medications required by the public that we do not plan to dispense at Ameridose are readily available in the local community.

4. *Include a comprehensive statement of the policies and procedures of the proposed operation, including safeguards to protect the public health, welfare and safety.*

All of our high quality sterile IV admixtures, including TPNs, will be prepared in a controlled environment using the latest Laminar Flow Technology contained within a state-of-the-art ISO 6 Cleanroom.

Ameridose has developed and shall maintain a complete set of Standard Operating Procedures (SOPs). Chapters include: Guidelines for Preparations, Facilities and Cleaning Procedures, Equipment and Supplies, Pharmacy Practice, Sterilization and Depyrogenation and Quality Assurance/Quality Control. All of these SOPs shall be reviewed and followed by all pharmacists and technicians on an ongoing basis. Ameridose has developed and shall maintain a company-wide Quality Assurance Program. This program shall insure real-time improvements to our operations on a continual basis.

Ameridose's "above and beyond mentality" shall insure that safeguards are always in place to protect the public health, welfare and safety.